

Application for Affiliate Financial Membership



Name of Firm: _____

Contact Person/Title: _____

Address: _____ *City* _____ *State* _____ *Zip* _____

Telephone: () _____ *Fax:* () _____

E-Mail: _____ *Web page:* _____

Banks currently using your product/services:

Bank: _____ *Town:* _____ *State:* _____

Bank: _____ *Town:* _____ *State:* _____

Bank: _____ *Town:* _____ *State:* _____

Brief Description of Company: _____

Date: _____ *Signature:* _____

Please return completed form to: *Kansas Bankers Association*
Attn: Mike Norris
610 SW Corporate View
P.O. Box 4407
Topeka, KS 66604-0407

Affiliate Financial Memberships are \$6,000 (billed annually for Calendar year)
Upon approval by our Board of Directors, you will notified by mail or by email

Office Use Only:

Mailed _____ *Received* _____ *Approved* _____ *Paid* _____ *Declined* _____