



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: _____

An Affiliate Financial Membership is available to out-of-state chartered banks that do not have any operating branches in the state of Kansas. The dues are \$6,000 billed annually for the calendar year, upon approval by the KBA Board of Directors. You will be notified by mail or by email when your application is approved.

Please return completed form to: Kansas Bankers Association
Attn: Brenda Unruh
610 SW Corporate View
P.O. Box 4407
Topeka, KS 66604-0407
bunruh@ksbankers.com

Office Use Only:

Mailed _____ Received _____ Approved _____ Paid _____ Declined _____