

Associate Membership Application



Company Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Website: _____

President/CEO: _____ Email: _____

Primary Contact (if different): _____ Email: _____

Accounting/Accounts Payable: _____ Email: _____

Marketing Opportunities of Interest

Contact

Email

Exhibiting at Annual Convention _____

Sponsorship at Annual Convention _____

Other Event Sponsorship _____

Speaking Opportunities _____

Topics _____

Editorial Contribution _____

Advertising _____

Newsletter _____

Website _____

Magazine _____

Other _____

Our company provides the following products/services (you may select up to 3 for the online directory):

Reasons for supporting CBAO: _____

Associate Member Dues Schedule

Annual Associate Membership Fee: \$1,300.00

Once application is approved, an invoice will be created and sent to your accounts payable contact. Please make checks payable to Community Bankers Association of Ohio.

Signature _____ Date _____