

ASSOCIATE MEMBERSHIP APPLICATION

FIRM: _____ PRIMARY CONTACT: _____
ADDRESS: _____ TITLE: _____
CITY: _____ STATE: _____ ADDRESS: _____
ZIP: _____ PHONE: _____ CITY: _____ STATE: _____
WEBSITE: _____ ZIP: _____ EMAIL: _____
FACEBOOK: _____ PHONE: _____ CELL: _____
LINKED IN: _____

In 50 words or less, please describe your products or services:

ADDT'L CONTACT: _____ ADDT'L CONTACT: _____
TITLE: _____ TITLE: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ STATE: _____ CITY: _____ STATE: _____
ZIP: _____ EMAIL: _____ ZIP: _____ EMAIL: _____
PHONE: _____ CELL: _____ PHONE: _____ CELL: _____
RESPONSIBLE FOR: RESPONSIBLE FOR:
Marketing Trade Show Coordinator Marketing Trade Show Coordinator
Billing Other: _____ Billing Other: _____

Dues Schedule

Applications submitted between
July 1 - Sept. 30, 2024, provide membership
through June 30, 2025.

The dues amount is \$1,100.

Applications submitted between
Oct. 1, 2024 - March 31, 2025, provide
membership **through June 30, 2026.**

The dues amount is \$1,650.

Applications submitted between
April 1 - June 30, 2025, provide membership
through June 30, 2026.

The dues amount is \$1,100.

For more information, contact Rod Lasley
at 317.333.7145 | RLasley@indiana.bank

Business Reference

Please provide at least one reference of an Indiana bank that
utilizes your product or service.

BANK: _____
CITY: _____
CONTACT NAME: _____
TITLE: _____ PHONE: _____
EMAIL: _____

Please make checks payable to **Indiana Bankers Association**.
Sent this form and payment to:

Indiana Bankers Association
8425 Woodfield Crossing Blvd., Ste 155E
Indianapolis, IN 46240-7321

