



ARIZONA BANKERS
ASSOCIATION

Associate Membership Application

The Arizona Bankers Association has been *the voice* of Arizona's banks for over 100 years. AzBA advocates for the banking industry at the state and federal levels with lawmakers and regulators. In addition, the Association is an increasing source of banker education and a resource for product and service provider options.

All applications for Associate Membership are reviewed and approved by the Board at its discretion. If your application is approved, you will be a non-voting member of the Association with the following privileges:

- Listing in the Arizona Financial Directory given to all member presidents;
- Detailed listing on the AzBA website with a live link to your company website;
- Member rates at AzBA programs;
- Opportunities to increase your profile in the banking community by sponsoring AzBA events; and
- Other privileges as defined by the Board.

AzBA values all of its Associate Members and their ability to compete in the marketplace. Accordingly, Associate Membership does not create an exclusive relationship with AzBA or its members. Nor does Associate Membership create a relationship in which AzBA or its staff will market or promote your products or services. Membership demonstrates your commitment to the Arizona banking industry, but simply put, we leave it to you and your team to wow our members.

Membership dues are \$1,500 and are assessed initially upon approval of application for membership and at the first of the year thereafter.

We sincerely thank you for your interest in our Association. Please call (602) 258-1200 with any additional questions.

AZBA ASSOCIATE MEMBERSHIP APPLICATION

Name of company _____

Mailing Address _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail address _____ Website _____

Name of contact individual for Arizona _____

Please explain the qualifications of your organization for associate membership under our bylaw provisions and the relevance of your business to banking:

Please provide as a reference the name, position and phone number of an individual presently employed at a senior management level with an active member of the Association:

Please describe the benefits you are seeking from Associate membership:

Additional Information & References

References do not need to be located in Arizona, but should be individuals from businesses or banks that are currently utilizing the same services or products that would be utilized by AzBA member banks. Applications are not forwarded for final approval until three references have been contacted.

Please provide the year your company began operations: _____

Please list state, regional or national banking associations with which your company affiliates:

Please provide a minimum of three references from banks or businesses that are currently utilizing your company's products or services:

1) _____
Contact Individual Title Direct Phone

Company Location Email

2) _____
Contact Individual Title Direct Phone

Company Location Email

3) _____
Contact Individual Title Direct Phone

Company Location Email

The following are eligible to be associate members of the Association:

- (1) Any commercial bank or thrift that is engaged in the financial services business either within or outside of Arizona but that does not meet the requirements for active membership in the Association.
- (2) Any person or entity that provides a business service to any active member of the Association.

Associate members are not entitled to vote on matters before the Association. An associate member shall apply for membership following application procedures as set forth by the Board. The Board may change these procedures at any time. An associate member's application is subject to final approval by the Board of Directors, which may accept or reject an association membership application at its discretion.

Associate members may be expelled from the Association by the majority vote of the Board of Directors. Associate members shall pay such annual dues and shall receive such benefits as defined by the Board of Directors.

Please attach any literature or other information about your business that would assist the AzBA in understanding your company better. Return you application to:

ARIZONA BANKERS ASSOCIATION
111 West Monroe Street, Suite 440
Phoenix, Arizona 85003

Fax: 602-258-8980

I understand the benefits, responsibilities, limitations and costs of associate membership as described. I also understand that if approved, status as an associate member does not create an "endorsed" or similar relationship. Any representation to the contrary may result in immediate revocation of associate member status without a dues refund.

Signature

Date

Printed name

Title

Company

For interoffice use only:

Approve _____ *Do not approve* _____

Review date _____