



**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 for two type of Associate Membership AzBA offers:

- Membership pricing at all AzBA events
- Preferred pricing on additional marketing
- Welcome announcement on social media
- Detail listing on the AzBA website with a live link to your company website
- Opportunity to increase your profile in the banking community by sponsoring AzBA events
- Online webinar promoted to all member bank contacts
- Social media mention
- Welcome in the Week e-newsletter & unlimited article submission
- 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 \$2,500 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 or email Michal Plavecky [mplavecky@azbankers.org](mailto:mplavecky@azbankers.org) with any additional questions.

## AZBA ASSOCIATE MEMBERSHIP APPLICATION

Name of company \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Website \_\_\_\_\_

E-mail address \_\_\_\_\_ LinkedIn \_\_\_\_\_

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:



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

<p><i>For interoffice use only:</i> <i>Approve _____ Do not approve _____</i> <i>Review date _____</i></p>
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