

# Associate Membership Application

The annual fee for Associate Membership is invoiced on or before January 1<sup>st</sup> annually (review program levels attached). Applications for membership are subject to approval by the IBA Board of Directors. Please complete the following information regarding your company and submit it via email to [landerst@idahobankers.org](mailto:landerst@idahobankers.org).

## **Company Information** – as you wish it to be listed on the web and in the directory

Company Name: \_\_\_\_\_

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

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

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

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

## **Primary Contact Information** – This individual will be listed as the primary contact on the web and in the directory

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Direct Line: \_\_\_\_\_ Email Address: \_\_\_\_\_

## **Category** - Please select up to three (3) business categories under which your company should be listed

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Accountants/CPAs             | <input type="checkbox"/> Compliance/Audits                    | <input type="checkbox"/> Furniture/Fixtures            | <input type="checkbox"/> Security Services/Fraud Prevention   |
| <input type="checkbox"/> Appraisals                   | <input type="checkbox"/> Conferencing Services                | <input type="checkbox"/> Human Resources               | <input type="checkbox"/> Software Providers                   |
| <input type="checkbox"/> Asset/Real Estate Management | <input type="checkbox"/> Core/Data Processing                 | <input type="checkbox"/> Benefits/Training             | <input type="checkbox"/> Sweep Solutions                      |
| <input type="checkbox"/> Asset Recovery               | <input type="checkbox"/> Correspondent Services               | <input type="checkbox"/> Insurance                     | <input type="checkbox"/> Technology Audits & Risk Assessments |
| <input type="checkbox"/> ATM Services/Supplies        | <input type="checkbox"/> Courier Service                      | <input type="checkbox"/> Products/Services             | <input type="checkbox"/> Telecommunications                   |
| <input type="checkbox"/> Attorneys/Law Firms          | <input type="checkbox"/> CRA Services                         | <input type="checkbox"/> Interest Rate Risk Management | <input type="checkbox"/> Wholesale Function/Treasury Svcs.    |
| <input type="checkbox"/> Bank Building/Construction   | <input type="checkbox"/> Credit Card Services                 | <input type="checkbox"/> Investment Services           | <input type="checkbox"/> Other _____                          |
| <input type="checkbox"/> Bank/Office Supplies         | <input type="checkbox"/> Disaster Recovery                    | <input type="checkbox"/> Lending Partners              |   |
| <input type="checkbox"/> Board Governance             | <input type="checkbox"/> Document Storage/Imaging/Destruction | <input type="checkbox"/> Management Consultants        |   |
| <input type="checkbox"/> Brokerage Services           | <input type="checkbox"/> Equipment Sales                      |  |   |
| <input type="checkbox"/> Capital Partners             | <input type="checkbox"/> /Service                             | <input type="checkbox"/> Marketing                     |   |
| <input type="checkbox"/> Checks/Printing              | <input type="checkbox"/> Excess Deposit Insurance             | <input type="checkbox"/> Peer Analysis                 |   |
| <input type="checkbox"/> Collections                  | <input type="checkbox"/> Flood Determinations                 | <input type="checkbox"/> Printing/Mailing              |   |

**Business Description** – to be included on the website and in the directory. IBA reserves the right to edit descriptions over 200 words.

**References**

Please provide two financial institution references that currently use your products/services; preferably Idaho banks

**Reference 1:**

Company: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Direct Line: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Reference 2:**

Company: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Direct Line: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Select AMP level**     **Platinum - \$7,000**     **Gold - \$3,500**     **Silver - \$2,000**     **Bronze - \$850**

**Payment Information** – Membership period begins upon approval by the IBA Board of Directors and receipt of full payment.

- Check Enclosed** made payable to Idaho Bankers Association. Mail with completed application to the address listed below
- Invoice Me** – Fax or email your application
- Credit Card** – An Invoice will be sent with a link to pay online.

Contact La Dawn Anderst with questions, 208-342-8282, [landerst@idahobankers.org](mailto:landerst@idahobankers.org)

*Please note: IBA Associate Membership does not imply IBA's endorsement of your products or services. Associate Members may not use the IBA name and/or logo without written consent of the Idaho Bankers Association.*