



Associate Membership Application

The annual fee for Associate Membership is invoiced on or before January 1st 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 zforster@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 Products/Services | <input type="checkbox"/> Technology Audits & Risk Assessments |
| <input type="checkbox"/> ATM Services/Supplies | <input type="checkbox"/> Courier Service | <input type="checkbox"/> Interest Rate Risk Management | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Attorneys/Law Firms | <input type="checkbox"/> CRA Services | <input type="checkbox"/> Investment Services | <input type="checkbox"/> Wholesale Function/Treasury Svcs. |
| <input type="checkbox"/> Bank Building/Construction | <input type="checkbox"/> Credit Card Services | <input type="checkbox"/> Lending Partners | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bank/Office Supplies | <input type="checkbox"/> Disaster Recovery | <input type="checkbox"/> Management Consultants | |
| <input type="checkbox"/> Board Governance | <input type="checkbox"/> Document Storage/Imaging/Destruction | <input type="checkbox"/> Marketing | |
| <input type="checkbox"/> Brokerage Services | <input type="checkbox"/> Equipment Sales / Service | <input type="checkbox"/> Peer Analysis | |
| <input type="checkbox"/> Capital Partners | <input type="checkbox"/> Excess Deposit Insurance | <input type="checkbox"/> Printing/Mailing | |
| <input type="checkbox"/> Checks/Printing Collections | <input type="checkbox"/> Flood Determinations | | |

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

References

Only upon request.

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

*Details for each level provided in AMP materials.

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 Zach Forster with questions, 208-342-8282, zforstert@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.