



Arkansas Bankers Association Membership Application

Date: _____

Associate Membership (\$750)

Gold Associate Membership (\$2,000)

General Information

Company Name: _____

Billing Contact: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Website: _____

Phone: _____

FAX: _____

Email: _____

Membership Mailings & Contacts

These designated contacts will receive the following complementary mailings of *The Arkansas Banker* monthly magazine and the Arkansas Bankers Association Bank Directory. Additional individuals may be added to this distribution list for a fee of \$100 per contact.

Contact 1

Name: _____

Contact 2 (Gold Associate Member Only)

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____

Phone: _____

FAX: _____

FAX: _____

Email: _____

Email: _____

Products & Services

Please indicate which category you would like your company to appear under in the ABA online Associate Member Listings (check up to 3).

Accounting - Audit / CPA Firms

Consultants

Human Resources

Accounting - Bank Customers

Correspondent Banking

Insurance

Accounts Receivable Funding

Credit & Debit Counseling

Investment Services

Advertising / Marketing

Data Processing

Loan Services

Appraisals

Economic Development

Printing - Supplies / Services

Attorneys

Education / Training

Real Estate Services

Bank Card Services

Environmental Consulting

Repossession Services

Bank Compensation

Equipment - Sales /Service

Shipping Services

Building Maintenance

Executive & Director Benefits

Other: _____

Computer Software/Services/Technology

Fraud Prevention

Company Description & Logo

Please attach a brief summary description of the nature and scope of your company's business, particularly within the realm of the Arkansas financial industry. A high resolution logo should also be emailed to barry.jackson@arkbankers.org. This information will be used on the ABA website, the annual Strategic Partners Directory, and in sponsorship materials.

References

Please list two financial institution references.

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____

Phone: _____

FAX: _____

FAX: _____

Email: _____

Email: _____