

**APPLICATION PROCESS**

- ◆ Please complete the below application with all requested information.
- ◆ All applicants are subject to review and approval of the Association's Executive Committee.
- ◆ Upon approval and receipt of annual dues, Associate Members will begin receiving the aforementioned services.

**CONNECTICUT BANKERS ASSOCIATION**

**Application For Associate Membership**

**COMPANY NAME:** \_\_\_\_\_

**COMPANY HEADQUARTERS**

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

P. O. Box: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Toll Free: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Internet Address: \_\_\_\_\_

**PRIMARY CONTACT**

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

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

P. O. Box: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Toll Free: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**SECONDARY CONTACT**

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

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

P. O. Box: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Toll Free: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Company Description:

*Maximum 20 words. May be edited and may be used in Association published materials.*

Name of bank(s), both in and out of CT, with which firm is associated (if applicable):

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- ◆ The Executive Committee determines the annual dues required for Associate Membership.
- ◆ Dues are assessed on August 1st of each year and are payable in full in 30 days.
- ◆ Any Associate Member not paying annual dues within the 30 day period will forfeit all privileges and services.
- ◆ Dues for Associate Members joining during the fiscal year will be prorated as shown on your billing invoice.
- ◆ Current annual dues will be \$1,100.00 - Fiscal Year August 1 – July 31

*The undersigned agrees and understands that its application for Associate Membership is subject to approval by the Executive Committee of the CBA and that Associate Membership will be governed by the Bylaws and any rules and policies of the Association, as determined from time to time. The undersigned also agrees that Association produced materials are proprietary and cannot be reproduced nor data used for commercial purposes without written permission of the CBA.*

*Associate Membership in the Connecticut Bankers Association should not be considered an endorsement. Any use of the Connecticut Bankers Association name or logo without prior written permission is prohibited.*

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Please return completed application and payment to:

**Mail:**

Connecticut Bankers Association  
10 Waterside Drive, Suite 300  
Farmington, CT 06032-3083

**Email:**

[khoranzy@ctbank.com](mailto:khoranzy@ctbank.com)