



New Hampshire Bankers Association

APPLICATION FOR ASSOCIATE MEMBERSHIP

Name of Organization: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Website Address: _____ Date of Establishment: _____

Please describe purpose or reason for applying for membership.

Please describe nature of business.

NOTE: Promotional materials and general public financial information must accompany this application.

Name of New Hampshire Banker sponsoring your membership application.

Name of Individual: _____

Bank: _____

The undersigned agrees and understands that its application for Associate Membership is subject to approval by the New Hampshire Bankers Association Board of Directors and that Associate Membership will be governed by the By-Laws and any rules and policies of the Association, as determined from time to time. The Association may seek other information to verify or supplement the information contained herein.

Associate Authorized Signature: _____

Name: _____

Title: _____

Date: _____

Contact Person, if different from above: _____

E-Mail Address for contact person: _____

Please submit completed application and fee \$700 to:

Sandy Tracy, Senior Vice President/COO

New Hampshire Bankers Association

P.O. Box 2586

Concord, N.H. 03302-2586