



Michigan Bankers Association

Associate Membership Application

MICHIGAN BANKERS ASSOCIATION

Company Name: _____

Contact Person and Title: _____

Address: _____

City, State and Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Company Website: _____

Brief description of your company: _____

If your organization is engaged in the sale of goods or services to financial institutions, you may be eligible for Associate Membership. Please list three business references, including your bank with your contact's name and phone number:

Company Name: _____

Contact Person and Title: _____

Phone: _____ E-mail: _____

Company Name: _____

Contact Person and Title: _____

Phone: _____ E-mail: _____

Company Name: _____

Contact Person and Title: _____

Phone: _____ E-mail: _____

ASSOCIATE MEMBERSHIP IN THE MBA DOES NOT IMPLY AN ENDORSEMENT OF ANY ASSOCIATE MEMBER OR ITS PRODUCTS AND SERVICES BY THE MBA OR ITS MEMBER BANKS.

For questions, please contact Gail Madziar at (517) 342-9059 or e-mail gmadziar@mibankers.com.

See reverse for payment options 

Methods of Payment: (check one)

Check payable to Michigan Bankers Association

MasterCard Visa AMEX

Credit Card No.: _____ Exp. Date: _____

Signature: _____ Printed Name of Cardholder: _____

\$1,000 – Full year (July – June)

\$750 – Half year (Jan – June)