

# MEMBERSHIP APPLICATION

FIRM: \_\_\_\_\_ PRIMARY CONTACT: \_\_\_\_\_  
CEO: \_\_\_\_\_ TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ CITY: \_\_\_\_\_  
ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
WEBSITE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
FACEBOOK: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
LINKED IN: \_\_\_\_\_ LINKED IN: \_\_\_\_\_

In 50 words or less, please describe your products or services:

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## Indiana Office Locations

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ CITY: \_\_\_\_\_  
ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ CITY: \_\_\_\_\_  
ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

## Dues Amounts

Membership dues for Resident Financial Institutions\* are calculated based on an individual institution's total Indiana deposits as of June 30 of the prior year. Deposits are taken from Call Report figures.

**\$1,000** is the minimum dues amount.

**\$50,000** is the maximum dues amount.

**\$22** per million dollars on deposits up to \$500 million

**\$17** per million dollars on deposits over \$500 million

Nonresident Financial Institution\*\* dues are a negotiated flat rate. Contact the IBA for details.

*\*Resident Financial Institutions are institutions which have at least one office location within the state of Indiana.*

*\*\*Nonresident Financial Institutions are institutions that do business within the state of Indiana, but do not have office locations within the state of Indiana.*

## No dues are required until your application is approved.

Send this form to:

### Indiana Bankers Association

8425 Woodfield Crossing Blvd., Ste 155E

Indianapolis, IN 46240-7321

A representative will contact you regarding your application status and to confirm your dues amount.

When submitting dues payment, make checks payable to **Indiana Bankers Association**.



ADDT'L CONTACT: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

AREA OF RESPONSIBILITY:

*Billing* *Training Director*  
*CFO* *Human Resources*  
*Head of Retail* *Other: \_\_\_\_\_*

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