ASSOCIATE MEMBERSHIP APPLICATION

FIRM: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ PHONE: _____

WEBSITE: _____

FACEBOOK: _____

LINKED IN: _____

PRIMARY CONTACT: _____

TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ EMAIL: _____

PHONE: _____ CELL: _____

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

_____

_____

_____

_____

ADDT'L CONTACT: _____

TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ EMAIL: _____

PHONE: _____ CELL: _____

RESPONSIBLE FOR:

☐ *Marketing* ☐ *Trade Show Coordinator*

☐ *Billing* ☐ *Other:* _____

ADDT'L CONTACT: _____

TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ EMAIL: _____

PHONE: _____ CELL: _____

RESPONSIBLE FOR:

☐ *Marketing* ☐ *Trade Show Coordinator*

☐ *Billing* ☐ *Other:* _____

Dues Schedule

Applications submitted between **July 1 - Sept. 30, 2026**, provide membership ***through June 30, 2027***.

The dues amount is $1,100.

Applications submitted between **Oct. 1, 2026 - March 31, 2027**, provide membership ***through June 30, 2028***.

The dues amount is $1,650.

Applications submitted between **April 1 - June 30, 2027**, provide membership ***through June 30, 2028***.

The dues amount is $1,100.

For more information, contact Jared Noblitt at 317.732.8568 | JNoblitt@indiana.bank

Business Reference

Please provide at least one reference of a bank that utilizes your product or service. Indiana institution preferred, if available.

BANK: _____

CITY: _____

CONTACT NAME: _____

TITLE: _____ PHONE: _____

EMAIL: _____

Please make checks payable to ***Indiana Bankers Association***.

Sent this form and payment to:

Indiana Bankers Association
8425 Woodfield Crossing Blvd., Ste 155E
Indianapolis, IN 46240-7321

CLEAR FORM EMAIL PRINT