

NDBA Associate Member Application

Company Information...

Business Name: _____

Contact Name(s) and Title(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Web Address: _____ Link my web page to the NDBA site.

Does applicant presently do business with North Dakota banks? Yes No

Will applicant be doing such business in the near future? Yes No

Is applicant an affiliate or a wholly-owned subsidiary of a financial institution? Yes No

If yes, please complete the following:

Financial Institution: _____

City: _____ State: _____ Zip: _____

Is applicant presently an associate member of other state bankers associations? Yes No

(If yes, please list): _____

Please list banks that you do business with:

Description of Service/Product Offered...

(As it will appear in the North Dakota Financial Institutions Directory – limit 100 words)

Categories...

Associate members will be listed under the following categories. Please check up to two categories that describe your products and/or services.

Accounting

Correspondent Banks

Equipment

Hotels

Insurance

Investments

Law Firms

Loan Services

Marketing

Other

Printing & Supplies

Technology

Training

Trust

NDBA Associate Member Annual Dues are \$500. Please make check payable to NDBA.

Return payment and application to:

NDBA • PO Box 1438 • Bismarck ND 58502-1438 • 701.223.5303 • Fax 701.258.0218

For NDBA Office Use Only

Date Received: ___/___/___

Amount Received \$ _____ Check # _____

Approved by NDBA Board: ___/___/___