

## Application for Associate Membership

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Business Category:** (Check up to three categories only)

- |  |  |
|--|--|
| <input type="checkbox"/> Accounting/CPA Services       | <input type="checkbox"/> Disaster Recovery     |
| <input type="checkbox"/> Alternative Funding           | <input type="checkbox"/> Equipment Leasing     |
| <input type="checkbox"/> ATM Services                  | <input type="checkbox"/> Financial Services    |
| <input type="checkbox"/> Bank                          | <input type="checkbox"/> Human Resources       |
| <input type="checkbox"/> Bank Management               | <input type="checkbox"/> Imaging               |
| <input type="checkbox"/> Builders & Design Specialists | <input type="checkbox"/> Information Services  |
| <input type="checkbox"/> Collections                   | <input type="checkbox"/> Insurance Services    |
| <input type="checkbox"/> Commercial Funding            | <input type="checkbox"/> Internet Services     |
| <input type="checkbox"/> Compliance                    | <input type="checkbox"/> Invest. Firms & Mgmt. |
| <input type="checkbox"/> Computer Network Security     | <input type="checkbox"/> Law Firms             |
| <input type="checkbox"/> Computer Supplies/Equipment   | <input type="checkbox"/> Marketing             |
| <input type="checkbox"/> Consulting                    | <input type="checkbox"/> Mortgage Specialists  |
| <input type="checkbox"/> Courier/Transportation        | <input type="checkbox"/> Real Estate           |
| <input type="checkbox"/> Credit Card Programs          | <input type="checkbox"/> Telecommunications    |
| <input type="checkbox"/> Credit Services               | <input type="checkbox"/> Training              |
| <input type="checkbox"/> Data Processing               | <input type="checkbox"/> Troubled Assets       |
| <input type="checkbox"/> Other                         |  |

50 word (or less) description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Page Address: \_\_\_\_\_

**Corporate Officers**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Date Chartered: \_\_\_\_\_

Charter Location: \_\_\_\_\_

Net Worth: \_\_\_\_\_

Annual Sales: \_\_\_\_\_

Other Office Locations:  
\_\_\_\_\_  
\_\_\_\_\_

**Bank References (required):**

Bank: \_\_\_\_\_  
Officer: \_\_\_\_\_  
Phone: \_\_\_\_\_

Bank: \_\_\_\_\_  
Officer: \_\_\_\_\_  
Phone: \_\_\_\_\_

Bank: \_\_\_\_\_  
Officer: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Association References:**

Association: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

Association: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

**List name of person to serve as GBA contact and address (if different):**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Recommended /  Sponsored by:

Return application form along with annual dues to:

Georgia Bankers Association  
Attn: Kenyetta Parks  
50 Hurt Plaza, Suite 1050  
Atlanta, GA 30303

Annual dues are assessed by fiscal year, July 1 – June 30

Questions? 404.522.1501  
www.gabankers.com