

Application for Associate Membership

Company: _____
 Address: _____
 City: _____ State: _____
 Zip: _____ Phone: _____
 Website: _____
 Charter Date: _____
 Headquarters Location: _____
 Company Net Worth: _____
 Annual Sales: _____
 Georgia Office Location(s): _____

Primary Contact for Associate Membership

Name: _____
 Title: _____
 Address: _____
 City: _____ State: _____
 Zip: _____ Phone: _____
 Email: _____

Additional Company Contacts

Name: _____
 Title: _____
 Email: _____

Name: _____
 Title: _____
 Email: _____

50-word (or less) product/service description

Business Category: Please select three (3)

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

Bank References

Bank: _____
 Contact: _____
 Phone: _____

Bank: _____
 Contact: _____
 Phone: _____

Association References

Association: _____
 Contact: _____
 Phone: _____

Association: _____
 Contact: _____
 Phone: _____

Please return this application along with dues payment to:

Georgia Bankers Association
 Attn: Bo Brannen
 50 Hurt Plaza, Suite 1050
 Atlanta, GA 30303
 bbrannen@gabankers.com

Annual dues of \$750 are billed in June for each July 1 – June 30 fiscal year.