

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: David Oliver
 50 Hurt Plaza, Suite 1050
 Atlanta, GA 30303
 doliver@gabankers.com

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

Questions? 404.522.1501
 www.gabankers.com