

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 Categories: Please select up to three (3)

- | | | |
|---|--|--|
| <input type="checkbox"/> Accounting/CPA Services | <input type="checkbox"/> Commercial Loan Funding | <input type="checkbox"/> Human Resources Solutions |
| <input type="checkbox"/> Alternative Funding | <input type="checkbox"/> Compliance Solutions | <input type="checkbox"/> Information Security |
| <input type="checkbox"/> Appraisals/Valuations | <input type="checkbox"/> Computer Network & Cyber Security | <input type="checkbox"/> Insurance Products & Services |
| <input type="checkbox"/> ATM Services | <input type="checkbox"/> Computer Equipment and Hardware | <input type="checkbox"/> Investment Banking |
| <input type="checkbox"/> Auctioneer | <input type="checkbox"/> Consulting | <input type="checkbox"/> Investment/Bond Management |
| <input type="checkbox"/> Bank (no deposits in Georgia) | <input type="checkbox"/> Credit Card Programs | <input type="checkbox"/> Law Firms |
| <input type="checkbox"/> Bank Management Services | <input type="checkbox"/> Credit Services | <input type="checkbox"/> Marketing and Advertising Solutions |
| <input type="checkbox"/> Bank Architect/Design/Build | <input type="checkbox"/> Consumer/Retail Banking | <input type="checkbox"/> Mortgage Lending Solutions |
| <input type="checkbox"/> Check Printing Company | <input type="checkbox"/> Core Data Processing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cleaning and Facilities Services | <input type="checkbox"/> Disaster Recovery | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Collections & Recovery Agency | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Training |

Bank References

Bank: _____
 Contact: _____
 Email and Phone: _____

Bank: _____
 Contact: _____
 Email and Phone: _____

Association References

Association: _____
 Contact: _____
 Email and Phone: _____

Association: _____
 Contact: _____
 Email and 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 \$850 are billed in June for each fiscal year (July 1-June 30)

- I need an invoice
- I'll pay with my card
- I'd like to set up an ACH Payment