



California Bankers Association Associate Member Application

Please type or print clearly

Application Date: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip+4: _____

Primary Contact: _____ Title: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Secondary Contact: _____ Title: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Company Website: _____

Associate Membership – Reserved for organizations or individuals that provide significant and ongoing services or products to the banking industry. *(CBA Executive Management Approval Required)*

Annual Fee: \$2,500

Benefits Include: exposure on CBA website and discounted associate membership sponsorship pricing at CBA conferences.

- 1) I understand that the membership dues are payable upon receipt of the annual invoice unless written notice is submitted to CBA of our intent to cancel membership immediately upon receipt of the annual invoice.
- 2) Upon approval of associate membership:
 - a. It is understood and agreed that no endorsement of the associate members' products and services are implied or intended.
 - b. It is understood and agreed that CBA associate membership does not include permission to use of the CBA logo.

Authorized Signature

Date

Dues to the California Bankers Association are not deductible as a charitable contribution for federal income tax purposes, but may be deductible as an ordinary and necessary business expense. A portion of the dues, however, is not deductible as an ordinary and necessary business expense to the extent that the California Bankers Association engages in lobbying. The non-deductible portion of dues for the period January 1 to December 31 (of the current year based on application date) is 30%.

EMAIL OR MAIL APPLICATION TO:	FOR CBA USE ONLY	
California Bankers Association ATTN: Janae Kimpel 1303 J Street Suite 600 Sacramento, CA 95814-2939 jkimpel@calbankers.com T: (916) 438-4428	BATCH#: _____ DUES: _____	MEMBER ID: _____
	CK#: _____ PAC: _____	APPROVAL DATE: _____
	AMT: _____ PAF: _____	DATE RECEIVED: _____
	CORPORATE: <input type="checkbox"/> PERSONAL: <input type="checkbox"/>	
DATE ISS: _____ BY: _____	DATE DEP: _____	

California Bankers Association Associate Member Application

In order to expedite a timely approval process of your application, please provide the following information and return this form with your membership application:

- 1) Please submit the following electronically to jkimpel@calbankers.com with the subject line Associate Member Application.
 - a. A short (1-2 paragraphs) company bio or summary of your business services or the products you provide to FDIC insured financial institutions.
 - b. Two print-ready company LOGO's in electronic format (JPG and EPS/PDF)
- 2) The date your organization began providing services to depository institutions: _____
- 3) If you have changed the name of your organization in the last year, please indicate previous name(s) you have done business under: _____

- 4) Please list your top three competitor's: 1. _____ 2. _____ 3. _____
- 5) Please provide a list of three active client bank references who CBA may contact on your behalf.

CONTACT NAME	BANK	EMAIL ADDRESS (required)

6) Please indicate your organization's interest in becoming a sponsor/exhibitor for any of the following programs:

- | | |
|--|--|
| <input type="checkbox"/> Bank Presidents Seminar | <input type="checkbox"/> Bankers Summit |
| <input type="checkbox"/> Annual Conference | <input type="checkbox"/> Director's Workshop (Virtual) |
| <input type="checkbox"/> Women in Banking Forum | |

7) Please choose one category that best describes your business for purposes of associate member listing on the CBA website:

- | | |
|---|---|
| <input type="checkbox"/> Accounts Receivable Financing
<input type="checkbox"/> Auctions
<input type="checkbox"/> Auditing & CPA firms
<input type="checkbox"/> Bank/Branch Building & Design
<input type="checkbox"/> Bank Card Services
<input type="checkbox"/> Bank Equipment/Supplies
<input type="checkbox"/> BSA/AML
<input type="checkbox"/> Check Program
<input type="checkbox"/> Collection Agencies
<input type="checkbox"/> Compensation/Executive Plans
<input type="checkbox"/> Compliance Consultants
<input type="checkbox"/> Technology Solutions
(hardware, software, internet)
<input type="checkbox"/> Consulting Firms
<input type="checkbox"/> Correspondent Services
<input type="checkbox"/> Data Processing/ATM Services
<input type="checkbox"/> Disaster Recovery
<input type="checkbox"/> Education | <input type="checkbox"/> Facility Maintenance
<input type="checkbox"/> Financial Services/Investment Banking
<input type="checkbox"/> Foreclosure Services
<input type="checkbox"/> Human Resources
<input type="checkbox"/> Insurance
<input type="checkbox"/> Law Firm
<input type="checkbox"/> Marketing
<input type="checkbox"/> Mortgage Services
<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Payment Processing
<input type="checkbox"/> Real Estate
<input type="checkbox"/> Receivership
<input type="checkbox"/> Risk Management
<input type="checkbox"/> Security
<input type="checkbox"/> Staffing
<input type="checkbox"/> Trust Related Products & Services
<input type="checkbox"/> Unclaimed Property |
|---|---|

Please return completed application and requested documents either via email or mail to:

California Bankers Association
 ATTN: Janae Kimpel
 1303 J Street, Suite 600
 Sacramento, CA 95814-2939

jkimpel@calbankers.com
 T: (916) 438-4428