

## **AFFILIATE MEMBER APPLICATION**

Firm Name:					
Mailing Address:					
Telephone Number:	nber: Fax Number:				
Primary Contact Name & Title:					
E-mail Address:	Company Website:				
PUBLICATION SUBSCRIPTIONS	Additional Recipient	<u>t</u>	E-mail Address		
Management Package					
(Includes weekly E-Brief newsletter)					
PROFILE OF YOUR COMPANY AND ITS F	RELATIONSHIP TO THE BA	ANKING INDUSTR	<b>XY</b>		
MBA staff oversee 12 standing committ to present to these committees to share committees. Please let us know which c	e special expertise or insig	ghts on a particul	ar topic. Attached is a des	scription of the	
	rn this form along with a				
METHOD OF PAYMENT (check one)	Check enclosed	VISA	MasterCard	AMEX	
Please invoice (name and emai	l):				
If paying by credit card, please complete	the information below.				
Signature:	Pr	int Name:			
Card Number:			Expiration	n Date:	
Cardholder Address:					