

## AFFILIATE MEMBER APPLICATION

Firm Name:				
Mailing Address:				
Telephone Number:		_ Fax Number:		
Primary Contact Name & Title:				
E-mail Address:	(	Company Website	:	
PUBLICATION SUBSCRIPTIONS	Additional Recipient	<u>:</u>	E-mail Address	
Management Package				
(Includes Maine Banker Magazine, bi-weekly NewsLink, and Legislative Report)				
APPOINTED COMMITTEE MAILING LISTS	Recipient		E-mail Address	
Bank Security				
Collections				
Commercial Lending				
Financial Management				
Operations & Systems				
Retail Lending				
Cyber & Technology				
PROFILE OF YOUR COMPANY AND ITS	RELATIONSHIP TO T	HE BANKING IN	DUSTRY	
	this form along with a CERS ASSOCIATION • 2		, ,	
METHOD OF PAYMENT (check one)	Check enclosed	VISA	MasterCard	AMEX
If paying by credit card, please complete th	he information below.			
Signature:		Print signature:		
Card Number:	I	Expiration Date:		
Cardholder Address:				