

APPLICATION FOR MIBA ASSOCIATE MEMBERSHIP

Annual dues for MIBA Associate Membership are **\$600.00** (effective 9-12-07) to be submitted with the application. Any person or organization which agrees with and adheres to the principles and purposes of the association, pays the prescribed dues, and is approved for membership by the MIBA Board of Directors, may become an Associate Member. Corporate Associate members are entitled to all privileges of the association, including its convention, but are not entitled to vote or hold office.

NAME: _____ TITLE: _____

COMPANY: _____

STREET ADDRESS: _____ P.O. BOX: _____

CITY, STATE, ZIP: _____ Email: _____

TELEPHONE #: _____ FAX# _____ WEBSITE _____

DESCRIBE YOUR COMPANY, THE SERVICES IT PROVIDES AND HOW YOUR BUSINESS WILL
CONTRIBUTE TO MIBA: _____

DATE BUSINESS ESTABLISHED: _____

LIST ALL SUBSIDIARIES OF YOUR ORGANIZATION: _____

LIST YOUR PARENT ORGANIZATION AND ALL OF ITS SUBSIDIARIES: _____

WHAT OTHER TRADE ASSOCIATIONS ARE YOU AFFILIATED WITH: _____

CONTACT NAME, BANK NAME AND ADDRESS, TELEPHONE NUMBER OF TWO COMMUNITY
BANK REFERENCES THAT COULD BE CONTACTED REGARDING YOUR APPLICATION:

1) _____ 2) _____

TOPICS THAT YOUR COMPANY'S REPRESENTATIVE WOULD BE PREPARED TO SPEAK ON
BEFORE BANKING ASSOCIATION MEETINGS: _____

ASSOCIATE MEMBERSHIP AGREEMENT:

Associate Members may not advertise or publicize their membership, except with prior written consent of the MIBA, or use the MIBA name or logo to represent or imply in any way that MIBA endorses Associates or their products or services.

I hereby apply for Associate Membership in the Missouri Independent Bankers Association of America and agree to abide by the above agreement.

SIGNATURE: _____ DATE: _____

Return to:

MIBA
5 Victory Lane, Suite 201
Liberty, MO 64068
816-781-8088

*Dues payments to MIBA are not deductible as charitable contributions for federal tax purpose.
However, dues payments may be deductible as an ordinary and necessary business expense.*