



**2010 ASSOCIATE MEMBERSHIP APPLICATION**

Bank name \_\_\_\_\_

Street address \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ County \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Website \_\_\_\_\_

**Principal contacts**

Name	Complete title
1. _____ First            Middle initial            Last	_____
2. _____ First            Middle initial            Last	_____

Above person to whom CBI Newsletter and other correspondence should be addressed:  
Please check:  1.       2.

**Branch Locations:** Please list information for any Iowa branch locations, copy as needed

Branch name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

Contact name \_\_\_\_\_ Title \_\_\_\_\_

Please list services you can provide our member banks:

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# CBI "Services With a Difference" Directory Input Form

**Associate Member - Name** \_\_\_\_\_

Please list your services you want our member banks to know about, **or** provide a paragraph describing your product(s) and services in a manner suitable for entry into a directory of services (20 -30 words). We will not edit this information so please proof carefully.

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Please mail, fax or email information to me at the following:

Doug Dawson  
Vice President, Membership and Services  
Community Bankers of Iowa  
1603 22nd Street, Suite 102  
West Des Moines, IA 50266  
Fax: (515) 453-1498  
Email: [cbia@cbiaonline.org](mailto:cbia@cbiaonline.org)