



AFFILIATE (Business) MEMBERSHIP APPLICATION - 2011

Business Name _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip code _____ County _____

Telephone Number () _____ Fax () _____ E-Mail _____

Principal Contacts:

Name _____ Complete Title _____

1. _____
First Middle initial Last

2. _____
First Middle initial Last

Above person to whom CBI Newsletter and correspondence should be addressed:

1. 2. Do you prefer to receive them by e-mail? 1. Yes 2. No

If yes, please designate e-mail address: _____

Nature of business: _____

Primary products sold to bankers:

Could you provide seminar speakers or other education programs for Bankers? Yes No
If yes, on what topics?

Would you be willing to participate in CBI Speakers program for meetings? Yes No

What would / can CBI do to enhance the value of your investment?

To be presented to the board for consideration, applications must include a check or credit card number (M/C or Visa only). Please mail or fax completed form to Community Bankers of Iowa, 1603 22nd Street Suite 102, West Des Moines, IA 50266 - Fax to (515) 453-1498.

For credit cards, please provide the following information:

Cardholders Name _____ Expiration Date _____

Card Number _____ Code _____

Annual dues for year ending December 31, 2011\$ 500.00

Signature of applicant _____ Date _____

Please provide the names of three community bank references.

- 1.
- 2.
- 3.

CBI "Desktop Planner & Resource Guide" Input Form

Each year a copy of the "Planner" is delivered to every community bank in Iowa

Affiliate Member – Company Name _____

Please provide a brief description of the product(s) and services you provide in a manner suitable for entry into a directory of services (30 - 40 words). We will not edit this information so please proof carefully. **Note:** Applications received and approved before November 1, each year will be included in the next year's Directory of Services planner to be distributed in mid to late December to all CBI members.

Company Name & Division _____

Mailing Address _____

Phone _____

Fax _____

E-mail (if available) _____

Corporate Website (If available) _____

Preferred Contact Names: (Optional but helpful):

Home Office _____

Regional or Field Representative _____

Marketing Dept. Contact _____

Corporate Logo – To help us effectively promote your company we will need your logo (color and B & W) in jpeg (preferred), Hi Res pdf, or EPS. Please send to the e-mail address given below.

Community Bankers of Iowa, 1603 22nd Street, Suite 102, West Des Moines, IA 50266
Fax: 515-453-1498 e-mail: cbia@cbiaonline.org