Yes! We want to be an ICBA Member—\$5,500 (July-June)

How did you hear about ICBA?

Company Description

Describe your company's o erings—up to 100 words—to be used for approval and published in ICBA directories. ICBA reserves the right to edit descriptions. Please be as descriptive as possible so our banks can nd you.

Membership Contact

To receive all information regarding membership including renewal notices, publications, exhibiting information and special o ers.

Name	
Title	
Company Name	
Address	
City State Zip	
Phone Fax	References For our records, list two community banks that your business has served. Required for approval. If unable to provide, please
Email	include a customer reference.
Published Contact To be published in all ICBA print and virtual directories.	Contact Name
Name	Bank Name
Title	City State
Address	Phone Email
City State Zip	Contact Name
Phone Fax	Bank Name
Email	City State
Website Company Social Media	Phone Email
List your parent company and any subsidiaries of your organization:	Additional Subscription(s) to Independent Banker®:
	Name
List all current banking association a liations/ memberships:	Title
	Company Name
Are you owned or a liated with a credit union or CUSO? Yes No	Name
What percentage of your customers are credit unions?	Title
	Company Name

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