



Associate Member Application Form

Date: _____

Company Name: _____

Mailing Address: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

By: _____
Name/Title (please print):

The contact person named above will become your company's representative and will be listed on the IBC's database. This person will receive all IBC communications.

Please attach a 200-word company description and indicate which product or service category you prefer to listed under: Accounting/Compliance, Advertising, Check Printing, Computer Products/Consulting, Consultants, Correspondent Banking Services, Data Processing, EFT/ATM/Card Processing/Merchant Services, Equipment/Supplies, Human Resource/Management and Training, Investments/Funding and Lending Partners, Law Firms, Lobbying and Public Relations, Other Products and Services.

The annual fee for Associate Membership is \$750 and for sole proprietors \$375. Membership is in effect for one calendar year. Our Board of Directors approves all Associate Member applications. The IBC will invoice you for your dues.

In order to receive from the IBC, including but not limited to educational programs; law and rule updates; legislative developments; convention, ag conference and other program activity information; preferred provider updates; advertisements; and other faxed information, you must complete the authorization provided below.

By providing this consent, your organization's main and branch locations agree to receive from the IBC facsimiles, including our advertisements and the other information described above.

Signature: _____

The IBC looks forward to forging a new partnership with you and your company.

Please mail this application to: **Independent Bankers of Colorado, 600 Grant Street, Suite 640, Denver, CO 80203 or fax to 303-832-2040**

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