

# Consumer Bankers Association

## Application for Associate Membership

Associate membership in the Consumer Bankers Association is open to business organizations that provide products or services to the retail financial services community and finance companies not federally insured.

**Prospective Associate Members can choose from two levels of membership:  
Holding Company Associate and Associate.**

**Holding Company Associate Membership:** Designed for companies with multiple entities, but are owned by the same company. With this membership, the holding company's annual dues investment is \$6,000 plus an additional \$1,000 for each company associated with the holding company member. All companies will be listed under their individual names and be able to attend all CBA events.

**Associate Membership:** Designed for companies who desire to participate and attend, exhibit or sponsor at CBA events. Annual dues investment for this level is \$5,000.

### MEMBERSHIP LEVELS

- Holding Company Associate Membership
  - Additional Companies
- Associate Membership

### ANNUAL DUES

\$6000.00  
\$1000.00 per company  
\$5000.00

How did you learn about CBA?

- Mailing     CBA Web site     Advertisement  
 Referred by a CBA Member (please list referring CBA member company)

### MEMBER COMPANY INFORMATION

*(Holding Company Associate members must complete a membership application for each participating company.)*

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Web site \_\_\_\_\_  
Phone \_\_\_\_\_

Please return this application to CBA:  
1000 Wilson Boulevard, Suite 2500  
Arlington, VA 22209  
Phone: (703) 276-1750  
Fax: (703) 991-7511  
Email: [membership@cbanet.org](mailto:membership@cbanet.org)

*Application continued on next page*

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(continued)

## CBA REPRESENTATIVE CONTACT INFORMATION

Representative's Name \_\_\_\_\_  
Title \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

## CBA DUES PAYER CONTACT INFORMATION *(if different from CBA Representative)*

CBA Dues Payer's Name \_\_\_\_\_  
Title \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

## CBA EXHIBIT & SPONSOR CONTACT INFORMATION

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

To complete your membership application, please email a brief description of your company (no more than 60 words) to [membership@cbanet.org](mailto:membership@cbanet.org).

Applicants Signature \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

Amount \_\_\_\_\_ Date Rcvd \_\_\_\_\_ Check No. \_\_\_\_\_

Visa  MC  Diners  Discover  AMEX CC # \_\_\_\_\_ Exp. \_\_\_\_\_

CCV# \_\_\_\_\_ Name \_\_\_\_\_ Billing Address \_\_\_\_\_