

Building relationships	MBA MEMBER BANK REFERENCE (Required for Board approval)
with current and potential	Bank
customers is essential to the	
success of your organization.	City
MBA Associate Members	Contact
access exclusive benefits and	Title
gain a direct connection!	Phone
□ \$1,300 (Applications received	Email
Jan. 1 - June 30)	ASSOCIATE MEMBER APPLICANT
	NAME
Please accept this as application	COMPANY
for MBA Associate Membership,	ADDRESS
subject to approval by the MBA	
Board of Directors. My annual	CITY/STATE/ZIP
membership dues payment is	PHONE
enclosed.	WEBSITE
Signature of Applicant:	
organical consequences	EMAIL
	KEY DEDCON TO WILLOW MALL /FMANL CHOLLID DE CENT
(Officer duly puthorized)	KEY PERSON TO WHOM MAIL/EMAIL SHOULD BE SENT
(Officer duly authorized)	NAME
	EMAIL
	PHONE

Payment is due with application submission.

 $\hfill \square$ My check is enclosed payable to MBA.

 $\ \square$ I have attached a company description. (200 words or less)

 \square The requested MBA Member Bank Reference information is provided above.

Mail the completed form and payment to:
Missouri Bankers Association
P.O. Box 57
Jefferson City, MO 65102
mba@mobankers.com

