

# Membership Application

**Yes, I want to become an integral part of the banking industry in Indiana. Please enroll me as a member of the Indiana Bankers Association.**

Firm: \_\_\_\_\_  
CEO: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Website: \_\_\_\_\_  
Facebook: \_\_\_\_\_  
Twitter: \_\_\_\_\_

Primary Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Twitter: \_\_\_\_\_

In 50 words or less, please describe your products or services.

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## Indiana Office Locations:

Address & Phone Number: \_\_\_\_\_

Address & Phone Number: \_\_\_\_\_

Address & Phone Number: \_\_\_\_\_

Address & Phone Number: \_\_\_\_\_

## Dues are calculates as follows:

Membership dues are calculated on an individual institution's total Indiana deposits as of June 30 of the prior year. Deposits are taken from the Call Report figures. Nonresident Financial Institutions\* dues are calculated the same as Resident Financial Institutions\*\*, but are based on self-reported Indiana deposits.

**\$1,000** is the minimum dues amount

**\$25,000** is the maximum dues amount

**\$20** per million dollars on deposits up to \$500 million

**\$15** per million dollars on deposits over \$500 million

**Please contact the IBA  
for a specific dues amount.**

Send this form and payment to:

**Indiana Bankers Association**

8425 Woodfield Crossing Blvd., Ste 155E

Indianapolis IN 46240-7321



Make checks payable to: **Indiana Bankers Association**

\* Nonresident Financial Institutions are institutions that do business within the state of Indiana, but do NOT have office locations within the state of Indiana.  
\*\* Resident Financial Institutions are institutions which have at least one office location within the state of Indiana.

**Additional Contacts:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Area of Responsibility:  Billing  Training Director  
 CFO  Human Resources  
 Head of Retail  Other \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Area of Responsibility:  Billing  Training Director  
 CFO  Human Resources  
 Head of Retail  Other \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
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 CFO  Human Resources  
 Head of Retail  Other \_\_\_\_\_

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Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
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 Head of Retail  Other \_\_\_\_\_

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 Head of Retail  Other \_\_\_\_\_

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Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Area of Responsibility:  Billing  Training Director  
 CFO  Human Resources  
 Head of Retail  Other \_\_\_\_\_

**Mission**

To advocate for and sustain an environment in which banks can succeed.

**Vision**

To provide exemplary service to members as the premier state bank trade association in the country.

**Values**

In fulfilling our mission, we will:

- ◆ Maintain the highest ethics, integrity and respect for others;
- ◆ Serve with professionalism, innovation and resourcefulness;
- ◆ Instill passion, positive attitude and enthusiasm;
- ◆ Remain mindful that the success of the IBA is judged by the success of its members.

