



# Service Membership Application

Company Name \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Street Address (No P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Toll-free \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Web site \_\_\_\_\_

## DUES STRUCTURE

The annual dues for ABA Service Membership are renewable on the anniversary of the date you join. Please choose from the following:

Diamond \$10,000     Platinum \$4,795     Gold \$2,995     Silver \$1,795

## INDUSTRY CATEGORIES

Please select your Core Business Line. Diamond unlimited, Platinum members choose 5 of the following, Gold choose 3, Silver choose 1:

Accounting/Audit/Tax     Agricultural Banking     Bank Directors     Business Banking/Commercial     Compliance     Fraud/Security     Mortgage  
 Human Resources     Insurance     Marketing/Sales     Retail Banking/Payments     Technology     Trust/Wealth Management

## CONTACTS

Please provide the following contacts:

Primary Contact Name (receives all communications, dues renewal, etc.): \_\_\_\_\_

E-mail \_\_\_\_\_

Subscription Contact Name (receives all publication subscriptions): \_\_\_\_\_

E-mail \_\_\_\_\_

## LOGO PLACEMENT

We will position your corporate logo in both the online and print Service Membership directories. Please e-mail a 72-dpi GIF to [servicemembership@aba.com](mailto:servicemembership@aba.com).

## DIRECTORY LISTING

For your free Directory profile, in 150 words or less, please describe your company and the kinds of products and services offered to the banking industry. Please attach a separate sheet with this form or e-mail to [servicemembership@aba.com](mailto:servicemembership@aba.com).

## PAYMENT INFORMATION (The ABA Federal Tax ID Number is 52-1001304)

Enclosed is my check, payable to the American Bankers Association in the amount of \$ \_\_\_\_\_

I wish to charge my membership fee, in the amount of \$ \_\_\_\_\_, to the following: \_\_\_\_\_

VISA     AMERICAN EXPRESS     MASTERCARD     OPTIMA     DISCOVER     DINERS

Card number \_\_\_\_\_ Name on card \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature \_\_\_\_\_ CVV \_\_\_\_\_

## BANK REFERENCE (Required for all applications)

For our records, please provide the name of a banker within senior management of a bank you have worked with who can confirm that you have had a successful business relationship with the bank.

Name \_\_\_\_\_ Title \_\_\_\_\_

Bank \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please return this application to:**  
**American Bankers Association, P.O. Box 79064, Baltimore, MD 21279-0064**  
**Or fax this completed form to: 202-663-7543**

For questions or additional information, call or e-mail the Service Membership Department at:  
202-663-5186 or [gdinn@aba.com](mailto:gdinn@aba.com)