



Nebraska Independent Community Bankers

ASSOCIATE MEMBER APPLICATION

To apply for Associate Membership to the Nebraska Independent Community Bankers please complete the information below and submit with the dues amount of \$500.00 by company check or money order only.

Name of Firm or Corporation: _____

Mailing Address: _____

Billing Address (if different than above): _____

City _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Web address: _____

PRINCIPAL CONTACTS

Title

1. _____

First Last

Mailing Address (if different than above): _____

E-mail address: _____ Phone _____

2. _____

First Last

Mailing Address (if different than above): _____

E-mail address: _____ Phone _____

WHO Should Correspondence be sent to: Contact # 1 YES NO Contact #2 YES NO

NICB uses e-mail and an email service provider to communicate with our membership. If an email address is provided most communications will be sent through electronic mail.

ABOUT YOU

1. Primary Products sold to Bankers: _____

2. Category Listing for Membership Directory / Website (limited to one): _____

3. Can you provide seminar speakers or other education programs for Bankers? YES NO

If Yes what topics: _____

4. Please list three community banks in Nebraska that you do business with :

1. _____

2. _____

3. _____

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