

ASSOCIATE MEMBERSHIP APPLICATION

COMPANY INFORMATION

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Website: _____

President / CEO: _____

Phone: _____ Email: _____

Primary Contact: _____ Title: _____

Phone: _____ Email: _____

Accounts Payable Contact: _____ Title: _____

Phone: _____ Email: _____

MARKETING OPPORTUNITIES OF INTEREST

Exhibiting / Sponsoring @ CBAO's Annual Convention

Speaking Opportunities
Topics of Expertise: _____

Hospitality House Sponsorship

CBAO University Sponsorship

Print & Digital Advertising

Content Marketing – article submissions for our
magazine, *The Ohio Community Banker*

Please indicate the (3) categories you would like to be listed under in our member directory:

ASSOCIATE MEMBER DUES

Annual Associate Membership Fee: \$1,400.00

Once application is approved, an invoice will be created and sent to your accounts payable contact. Please make checks payable to Community Bankers Association of Ohio.

Signature: _____ Date: _____