

ASSOCIATE MEMBER



APPLICATION FOR MEMBERSHIP

Complete and return this form to info@icbnd.com

Contact Information

Company Name: _____
Contact Name: _____
Title: _____
Email: _____
Address: _____
Phone: _____
Fax: _____
Website: _____

About Your Business

Date your business was established:

Describe your company, the services it provides and how your business will contribute to ICBND.

Please list topics that your company may like to present at ICBND events.

Please list any other related entities or former names.

Please list other trade organizations are you affiliated with.

References

Please provide three community bank references that could be contacted regarding your application.

Reference #1

Bank Name: _____

Contact Name: _____

Address: _____

Phone: _____

E-mail: _____

Reference #3

Bank Name: _____

Contact Name: _____

Address: _____

Phone: _____

E-mail: _____

Reference #2

Bank Name: _____

Contact Name: _____

Address: _____

Phone: _____

E-mail: _____

Associate Member Agreement

Please initial to acknowledge you've read and understand each of the following.

Associate Members may not advertise or publicize their membership, except with prior written consent of ICBND, or use the ICBND name or logo to represent or imply in any way that ICBND endorses Associates or their products or services.

Dues payments to ICBND are not deductible as charitable contributions or federal tax purpose. However, dues payments may be deductible as an ordinary and necessary business expense.

By submitting this application, I hereby apply for Associate Vendor Membership in the Independent Community Bank Of North Dakota and agree to abide by the above agreement