ICBND
INDEPENDENT COMMUNITY BANKS of NORTH DAKOTA

# ASSOCIATE MEMBER
## APPLICATION FOR MEMBERSHIP

### CONTACT INFORMATION

Company Name:
Address:

Contact Name:
Title:
Phone:
Email:
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 you are affiliated with.

Please select a business category.

| Primary | Secondary | Tertiary |
|---|---|---|
| | | |

### 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 #2**
Bank Name:
Contact Name:
Address:
Phone:
E-mail:

**Reference #3**
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 Associate Membership in the Independent Community Bank of North Dakota and agree to abide by the above agreement.

Date