COMMUNITY BANKER NEWSLETTER **2025 ADVERTISING OPPORTUNITIES**



CONNECT WITH LOCAL COMMUNITY BANKERS

The Independent Community Banks of North Dakota "Community Banker" newsletter allows your advertisements to be seen by top Community Bankers in North Dakota.

Each issue of the "Community Banker" is distributed to over 800 recipients which include ICBND member bank presidents, CEOs and employees along with the numerous associate members. The newsletter engages its members with leading industry news, community banking updates on federal and legislative levels, educational events and opportunities, member recognition, as well as ICB Purchasing Exchange and ICB Card Services news and updates.



Advertising in the "Community Banker" can help grow your business and create lasting relationships with business professionals in the banking industry. For more information and to place an order for advertising email info@icbnd.com





info@icbnd.com







ICBND Member Pricing

AD SIZE	1 ISSUE	3 ISSUES	6 ISSUES
1/4 Page	\$220	\$510	\$865
1/2 Page	\$330	\$760	\$1295
Full Page	\$550	\$1265	\$2145
Back Cover Full Page	\$650	\$1800	\$3000

ICBND NON-Member Pricing

hone						eing
_			AD SIZE	1 ISSUE	3 ISSUES	6 ISSUES
	_	cost/year	1/4 Page	\$520	\$810	\$1165
I Invoice	after each Issue \$	cost/issue	1/2 Page	\$630	\$1060	\$1595
gnature		_ Date	Full Page	\$850	\$1565	\$2445
PLEASE CHE	CK ISSUE DATES	I	Back Cover Full Page	\$950	\$2000	\$3300
		i i i i i i i i i i i i i i i i i i i				
Jan/Feb	Deadline: Closing date for display ad copy is the 15th of the issue month.					
March/April	Example, For the March/April issue, the	Back Cover	Full			
May/June	deadline would be March 15th.	Full Page	Page	Half	Q	uarter
July/Aug	Payment Terms: Billed pricing is subject to change at any time.	8 1/4" x 10 5/8"	7 1/2" x 9 3/4"	Page 7 1/2" x 4 3/4"		Page 5/8" x 4 3/4"
Sept/Oct	Payment is due within 30 days from the invoice date. Prepaid pricing will		AD SIZ	ZES		
Nov/Dec	be locked into prices shown.					

COMMUNITY BANKER NEWSLETTER ADVERTISING FORM

Comp	oany Name		
Conta	act Name		
Title			
Email			
Addre	ess		
City _		State	Zip
Phon	e		
	Invoice Full Amount	~	cost/year
	Invoice after each Issue		cost/issue
Signa	iture	Dat	te

Submission of the necessary information may be done by emailing a copy of your ad to info@icbnd.com Electronic Files: Preferred: jpg Acceptable: .pdf *If you cannot provide an electronic file, please call 701-258-7121. If you have any questions, or for more information, please call the ICBND office (701) 258-7121.

Joint Liability: Publisher reserves the right to hold advertiser and/or its advertising agency jointly and severally responsible for such monies as is due and payable to publisher. Advertiser shall be entitled to no damages for advertisements placed incorrectly within the newsletter, but shall be entitled to reimbursement on any payments made in excess of that which should have been required for placement of the advertisement as printed. Publisher reserves the right to reject any advertisement; censor copy, change border rules, and repeat last previous copy published which will fill space ordered when change of copy is not received before the closing date. Preferred position contracts are not cancelable. Other contracts may be canceled by advertiser or agency on 3 days written notice and payment in full including the difference between contract rate and the short rates as earned by the insertions used.



Ma



info@icbnd.com

