

Associate Member Application

YES, we want to join the Subchapter S Bank Association.

Check for \$1,295 membership fee enclosed

Please mail the check to the following remittance address:

Subchapter S Bank Association, Inc.
Accounting Department
1700 Rio Grande Street, Suite 100
Austin, TX 78701

Enroll us immediately and bill the fee (fax this form to 512-651-6806)

COMPANY INFORMATION

COMPANY NAME:	DATE:
STREET ADDRESS:	STREET ZIP CODE:
MAILING ADDRESS:	MAILING ZIP CODE:
CITY & STATE:	WEB PAGE:
PHONE:	FAX:

COMPANY CONTACTS

PLEASE INDICATE ANYONE TO RECEIVE COPIES OF THE SUBCHAPTER S BANK REPORT IN THE LINES BELOW

JOB FUNCTION	NAME	TITLE	E-MAIL ADDRESS

COMPANY INFORMATION — PLEASE INDICATE THE PRODUCTS/SERVICES YOU PROVIDE

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COMPANY INFORMATION — PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR PRODUCTS/SERVICES

Who will the Primary Contact at your company (to receive the newsletter, mailings, renewal information, etc.)?

Name: _____ Title: _____

Is the address/phone same as above? Yes No If no, please complete contact information below:

Street Address: _____ City _____ ST. _____ Zip _____

Telephone (_____) _____ Fax (_____) _____ E-mail _____