

Name of Firm _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Email address _____ Website _____

Location(s) of other office(s) (Wisconsin and out of state) _____

Is your firm regularly engaged in the sale of goods or services to Wisconsin financial institutions? Yes No

Please list two Wisconsin financial institutions or other business references with your contact's name and telephone number.

Contact _____ Telephone/Email _____

Bank/organization _____

Contact _____ Telephone/Email _____

Bank/organization _____

Please include the following with this application:

Yes, our company's brochure is attached.

If no, please give details. _____

Yes, our company's financial statement or annual report is attached.

If no, please give details (i.e., privately held, etc.) _____

Please check up to three (3) categories below that best describe the products or services your company provides:

- | | | |
|---|---|--|
| <input type="checkbox"/> ATM Services | <input type="checkbox"/> Consulting Services | <input type="checkbox"/> Lending Services |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Correspondent Banking | <input type="checkbox"/> Mortgage Services |
| <input type="checkbox"/> Asset Liability Management | <input type="checkbox"/> Government Agencies | <input type="checkbox"/> Office Furniture and Supplies |
| <input type="checkbox"/> Bank Building/Remodeling | <input type="checkbox"/> HR Services | <input type="checkbox"/> PR/Marketing |
| <input type="checkbox"/> Bank Equipment | <input type="checkbox"/> Information Technology/Cybersecurity | <input type="checkbox"/> Payment Processing |
| <input type="checkbox"/> Check Printing/Products | <input type="checkbox"/> Insurance/Benefits | <input type="checkbox"/> Recruiting |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Investment Services | <input type="checkbox"/> Software Solutions |
| <input type="checkbox"/> Compliance Auditing/Services | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Other (list product/service, below) |

WBA Associate Member dues are \$1,500 per year based on a January 1–December 31 calendar year. Should you join after June 30, dues will be adjusted to \$750 for the remainder of the calendar year. Membership will automatically renew each year unless you provide WBA with 30-day prior written notice of non-renewal. (Please submit your payment with this completed application.)

(Contact **Nick Loppnow**, 608-441-1259 or nloppnow@wisbank.com with any questions.)

Signature _____ Date _____

(over)

Wisconsin Bankers Association
Associate Member Application

Please provide a brief (100 word limit) description of your firm’s business (include details of what your activities are in Wisconsin). This information will be used for your profile on WBA’s website (www.wisbank.com).

How do you believe your firm will benefit by joining WBA?

Thank you for your interest in WBA Associate Membership. Approval of Associate Membership does not imply endorsement of your product and/or services by the WBA. If you have questions, please contact a Nick Lopnow at nloppnow@wisbank.com.