

**Application for Associate Membership
West Virginia Bankers Association**

Name of Applicant: _____

Applicant's Representative: _____
(To whom correspondence
should be addressed) _____

Address of Applicant: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Nature of Applicant's Business:
(Please describe relationship with
banking industry) _____

**Applicant's Business
Locations in West Virginia:**
(Branches) _____

References: (Please list five (5) references, at least three (3) of which must be members of the West Virginia Bankers Association. With regard to each reference, please set for the name of a contact person, address and telephone number).

Please note the bylaws of The West Virginia Bankers Association provide that members of the following groups shall **not** be admitted to membership as an Associate Member of the Corporation: Credit Unions and Industrial Banks. Each prospective Associate Member must be approved by a majority of the Board of Directors of the Association.

Associate Members will be expected to comply with all rules, regulations and policies governing Associate Membership in the Association which may be adopted from time to time by the Board of Directors of the Association. The Association reserves the right to amend such rules, regulations or policies without notice.

Certification: I hereby certify that the foregoing information is true and correct to the best of my knowledge and belief. I further certify that I have read the policy governing associate membership in the West Virginia Bankers Association, Inc., and on behalf of the Applicant, I do hereby agree to abide by its terms and conditions if the application for associate membership is approved by the affirmative vote of the Board of Directors of the West Virginia Bankers Association.

Date

Signature

(Please Print Name)

(Applicant's Representative)