WVBA Associate Membership

Name of Applicant:		Applicant Title	
Company Name:			
Company Address:			
City:		State:	
Zip:	Website Address:		
Telephone:	Fax:	Email:	
Describe your product or service for your website lis	ting:		
References: Please list five references, including an	y members of the West Virginia	a Bankers Association. With regard to each reference, please list the name of	
a contact person, company, address and telephone	number		
	n: Credit Unions and Indust	nat members of the following groups shall not be admitted to memberial Banks. Each prospective Associate Member must be approved by	
		nd policies governing Associate Membership in the Association which tion. The Association reserves the right to amend such rules, regulation	
read the policy governing associate membership	p in the West Virginia Banke	rect to the best of my knowledge and belief. I further certify that I havers Association, Inc., and on behalf of the Applicant, I do hereby agreen ip is approved by the affirmative vote of the Board of Directors of the	to
Date		Signature	
		Please Print Name	
		Applicant's Representative	