Michigan Bankers Association

ASSOCIATE MEMBERSHIP APPLICATION

Company Name: _____
Contact Person and Title: _____
Address: _____
City, State and Zip: _____
Phone: _____ Cell: _____
Email: _____ Website: _____ Facebook: _____
LinkedIn: _____

Brief description of your company:

Business References

If your organization is engaged in the sale of goods or services to financial institutions, you may be eligible for Associate Membership. Please list three business references.

Company Name: _____
Contact Person and Title: _____
Phone: _____ E-mail: _____

Company Name: _____
Contact Person and Title: _____
Phone: _____ E-mail: _____

Company Name: _____
Contact Person and Title: _____
Phone: _____ E-mail: _____

ASSOCIATE MEMBERSHIP IN THE MBA DOES NOT IMPLY AN ENDORSEMENT OF ANY ASSOCIATE MEMBER OR ITS PRODUCTS AND SERVICES BY THE MBA OR ITS MEMBER BANKS.

For questions, please contact Stephanie Fisher at (517) 342-9057 or sfisher@michigan.bank.

Methods of Payment: (check one)

☐ Check payable to Michigan Bankers Association

☐ MasterCard ☐ Visa ☐ AMEX ☐ Discover ☐ ACH

Credit Card No: _____ Exp. Date: _____ CVV: _____

Signature: _____ Name of Cardholder: _____

☐ $1,400 July 1, 2026 - June 30, 2027 Membership