



## ASSOCIATE MEMBERSHIP APPLICATION FORM

Thank you for accepting our invitation to become an Associate Member of the Pennsylvania Association of Community Bankers. Please return this form with your check or credit card information for \$1,300 to: PACB, 3211 N. Front Street, Suite 102, Harrisburg, PA 17110. *(Please legibly print or type all information.)*

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street
City/State/Zip

Telephone: \_\_\_\_\_ Fax : \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Social Media Addresses:

Twitter \_\_\_\_\_ Facebook \_\_\_\_\_

Instagram: \_\_\_\_\_ Other: \_\_\_\_\_

Signature: \_\_\_\_\_

**1) Please attach a description of your business for the PACB online Associate Member Directory listing.** This should be worded as a summary of your business services— NOT as an advertisement. *(PACB reserves the right to edit for length and content.)*

**2) Please submit an EPS or Vectored electronic copy of your organization’s Logo**

**3) Please Circle those categories which best express your organization’s services to community banks:**

- |                       |                 |                     |                   |                  |               |
|-----------------------|-----------------|---------------------|-------------------|------------------|---------------|
| Accounting            | Attorney        | Bank Equipment      | Bank Design/Build | Consulting       | Card Services |
| Compliance            | Core Processing | Cyber/Info Security | Exec. Benefits    | Executive Search |               |
| HR/Benefit/Retirement | Insurance       | Investment Banking  | Outsourcing       | Training         |               |

ASSOCIATE MEMBERSHIP PAYMENT OPTIONS:

Check:

A check for \$1,300 may be issued to PACB and sent to 3211 N. Front Street, Suite 102, Harrisburg, PA 17110.

Credit Card: Complete the following section or call PACB (717)231-7447 with your transaction:

Type of Credit Card: \_\_\_\_\_ VISA                      \_\_\_\_\_ MASTERCARD                      \_\_\_\_\_ DISCOVER:

Amount Charged: \$\_\_\_\_\_ Card Number:\_\_\_\_\_ CVV:\_\_\_\_\_ Expiration Date:\_\_\_\_\_

Signature: \_\_\_\_\_ Name of Cardholder:\_\_\_\_\_

*Please Note: PACB dues are billed on a calendar year basis. New Associate Members pay to hold membership for one full year from the date of receipt. In the second year of membership, dues are prorated for the remainder of the calendar year to bring the member billing cycle in sync. Contributions or gifts to PACB are not tax deductible as charitable contributions.*