



ASSOCIATE MEMBERSHIP APPLICATION
2008-2009
(Please Type or Print)

Company: _____

Street Address: _____ Zip Code: _____

P.O. Box: _____ Zip Code: _____

City: _____ State: _____

Contact Name: _____ Title: _____

Telephone#: _____ Fax#: _____

E-Mail Address _____ Web Page Address _____

How were you referred? _____

Community bank clients you are servicing: _____

Description of Organization Services: _____

This fiscal year of the Association is July 1 through June 30th. Annual dues are \$850. Please send your check with the application. It will be held until you are approved.

Mail this form to:
COMMUNITY BANKERS OF CALIFORNIA
24050 Madison Street, Suite 100J
Torrance, CA 90505
Attention: David Haden, Executive Director
(310)375-6302 • Fax (310)375-7499

For Internal Use
Date Received: _____ Check Received: _____
Check# _____ Board Action: _____