



**APPLICATION FOR
ASSOCIATE MEMBERSHIP**

NAME: _____
(exact)

PRINCIPAL LOCATION: _____

MAILING ADDRESS _____
(if different) _____

TELEPHONE: _____ EMAIL: _____

INTEREST IN BANKING: _____

APPLICANT OR AUTHORIZED AGENT: Name: _____
Address: _____

Signature

Date

EMAIL COMPLETED APPLICATION TO POCTEAU@WAFARRELL.COM