

## **APPLICATION FOR SPECIAL MEMBERSHIP**

Special memberships are available to organizations other than financial institutions doing business in Washington State and having business relationships with the financial industry. Annual dues are \$900, and the member year is April 1 - March 31.

Organization Name:			
Address:			
City, State, Zip:			
		Fax:	
Website:			
Main Contact:		Title:	
Accounting/ Billing Contact:			
Phone:	Email:		
About the Organization			
Please attach a brief description o	of the products and	d/or services offered by your compa	any.
Type of business:			
Number of years in business:			
Relationship to the banking indust	ry:		
Primary reason for applying for me	embership:		
Bank References			
Bank:		Bank:	
Contact: City/State:		Contact: City/State:	
Phone:		Phone:	
Representative Completing App	lication		
Signature:			
Printed Name:		Date:	

## Please return completed application to:

1601 Fifth Avenue, Suite 2150 Seattle, WA 98101 Phone: 206-447-1700 Fax: (206) 223-6453

Email: info@wabankers.com