



IBAC

International Bankers Association of California

Membership Application

(Information Provided Below is used for Directory and Mailing Labels – Please be accurate)

COMPANY NAME: _____

Federal Branch _____ Retail Branch _____ Wholesale Branch _____ Limited Branch _____

Depository Agency _____ Non-Depository Agency _____ Representative Office _____

Domestic Bank _____ Investment Bank _____ Asset Management _____ Individual Member _____

Law Firm _____ Accounting Firm _____ Consulting Firm _____ Real Estate _____ Other _____

Country Origin: (i.e., Switzerland, Italy, Japan, etc.) _____

ADDRESS: _____

PHONE: _____

FAX: _____

1ST CONTACT NAME: _____

(GM, CEO, Pres. S.V.P., Partner, etc.)

TITLE: _____

E-Mail: _____

2ND CONTACT NAME: _____

(DGM, VP, Partner, Associate, etc.)

TITLE: _____

E-Mail: _____

DEPARTMENT NAMES (Managers, Compliance Officer, Administration, Auditor, Marketing, etc.)

TITLE: _____

E-Mail: _____

TITLE: _____

E-Mail: _____

TITLE: _____

E-Mail: _____

APPLICATION: The above company, by its representatives, has made application to The International Bankers Association of California for membership and agrees to abide by the Bylaws of the Association, observe such rules as may be adopted by the Board of Directors and **pay renewal dues and other fees as applicable throughout the year, unless otherwise notified of cancellation in writing.** Thank you for your contribution.

ANNUAL DUES: January 1st – December 31st (*Individual Membership must have Board Confirmation)

___ \$750 for Company

___ \$500 for NACAB Member

* ___ \$350 Individual Member

Please remit your check and check payment options below. If paying by company check, mail to the address below. This fee includes receipt of all IBAC mailings, event notices, and discount prices to members. (*Individual Member Application must be approved by the Board of Directors.)

Payment Options: ___ **Company Check** ___ **Visa** ___ **MasterCard** ___ **AMEX**

(Make Check or Money Order payable to: IBAC. Mail to: 550 S. Hope Street, Suite 2150, Los Angeles, CA 90071)

Name on Credit Card: _____ **Credit Card Number:** _____

Signature: _____ **Expiration Date:** _____ **Code:** _____

Phone: (323) 446-3108 Fax: (213) 622-0390 E-Mail: ibacoffice@gmail.com