

COMMUNITY BANKERS OF WASHINGTON

ASSOCIATE MEMBERSHIP UPDATE

(Please complete this form and return it along with your payment)

Company Name _____

Street Address _____

City _____ State _____ ZIP _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Main contact for CBW _____

Title _____ Direct phone _____

E-Mail _____

Employees FTE _____ Stock symbol (if applicable) _____

Chairman _____ E-mail _____

President _____ E-mail _____

Please list other important members of your company

Name _____ Title _____

E-mail _____

Name _____ Title _____

E-mail _____

Please charge my credit card (VISA or Mastercard only) for my annual CBW dues.
(return in the envelope provided or fax to the CBW office at 253-589-1577)

Name listed on card _____

Card Number _____ **V Code** _____ **Expires** _____

Billing address for card _____

City, State Zip _____

Signature _____