

PREMIUM MEMBERSHIP APPLICATION

Your entire Board joins for one low fee.

- Call (202) 463-4888**
- Fax (202) 349-8080**
- Or mail this application today**

Return this application to:

AMERICAN ASSOCIATION OF BANK DIRECTORS
Suite 700, 1250 24th Street, NW
Washington, DC 20037

Please make check payable to AABD.

- \$295 Individual Premium Membership**
- \$695 Board Premium Membership**

MEMBERSHIP SHOULD BE ENTERED FOR:

Name of Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Title: _____

Phone Number: _____

Fax Number: _____

E-mail: _____

(OVER)

Please list the members who will be included in your Board's premium membership in AABD.

All members will receive a personal copy of the periodic newsletter and other AABD mailings at the address of their choice.

If you have more than 8 directors, please attach a separate sheet of paper. Thank you.

Name: _____
Title: _____
Company: _____
Address: _____
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State _____ ZIP _____
Telephone(_____) _____
Email: _____

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