



Independent Bankers Association of New York State  
1 Commerce Plaza, Suite 704, Albany, NY 12210  
518-436-4646 phone 518-436-4648 fax

## Request for Associate Membership

Membership Dues: \$600.00 yearly (based on approval date)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact name: \_\_\_\_\_

Title: \_\_\_\_\_

Email address: \_\_\_\_\_

website: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Specific Products marketed: \_\_\_\_\_

Is your company presently doing business with any Independent Bankers Association of NYS (IBANYS) banks?: \_\_\_\_\_

If so, please name bank(s): \_\_\_\_\_

Would you be interested in exhibiting at our annual convention? \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_