KBA
Kentucky
Bankers
Association

ASSOCIATE MEMBERSHP

For Health Insurance Only*

Please Mail to: Kentucky Bankers Association

Attn: Ballard W. Cassady, Jr.

600 W. Main Street, Suite 400

Louisville, KY 40202

Application for Associate Membership

Name of Firm/Company _____

Primary Contact Name: _____

Address: _____

City/State/Zip _____

Phone: _____ Fax: _____Website Address: _____

Email for Primary Contact: _____

Brief Description of Business – Please identify the services you currently provide to Kentucky banks including background information on your company (attach additional pages):

_____

_____

_____

Signature of Application (Officer Duly Authorized):

_____

*Annual Associate Membership Dues are $250 for Health Insurance Only