



Membership Application Form

ASSOCIATE MEMBERSHIP

Check here if applying for Associate Membership:

Thank you for accepting our invitation to become an Associate Member of the Pennsylvania Association of Community Bankers. Please return this form with your check or credit card information for \$1,330 to:
PACB, 800 North 3rd St, Suite 304, Harrisburg, PA 17102. *(Please legibly print or type all information.)*

Company Name: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Contact Email Address: _____

Website: _____

Twitter _____

Facebook _____

LinkedIn: _____

Signature: _____

1. **Please provide a description of your business for the PACB online Member Directory listing.** This should be worded as a summary of your business services, NOT as an advertisement. *(PACB reserves the right to edit for length and content.)*

2. **Please submit a high-resolution electronic file of your organization's logo.**
3. **Please check those categories which best express your organization's services to community banks:**

Accounting

Attorney

Bank Equipment

Bank Design/Build

Consulting

Card Services

Compliance

Core Processing

Cyber/Info Security

Executive Benefits

Executive Search

HR/Benefit/Retirement

Insurance

Investment Banking

Outsourcing

Training

BANK MEMBERSHIP

Check here if applying for Bank Membership:

Thank you for accepting our invitation to become a Bank Member of the Pennsylvania Association of Community Bankers. *(Please legibly print or type all information.)*

Membership fee is based on asset size:	Less than \$75 million: \$3,500	\$76-175 million: \$4,200
\$176-400 million: \$4,500	\$400 million-1 billion: \$5,000	\$1 billion and over: \$7,500

Company Name: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Contact Email Address: _____

Website: _____

Twitter _____

Facebook _____

LinkedIn: _____

Signature: _____

- Please submit a high-resolution electronic file of your organization's logo.

REFERRAL

Please indicate how you learned about PACB. _____

MEMBERSHIP PAYMENT OPTIONS

Check: A check may be issued to PACB and sent to 800 North 3rd Street, Suite 304, Harrisburg, PA 17102.

Credit Card: Complete the following section or call PACB (717) 231-7447 and ask for Hannah to process your info:

Type of Credit Card: VISA MASTERCARD DISCOVER

Amount Charged: \$ _____

Name of Cardholder: _____

Card Number: _____

CVV: _____ Expiration Date: _____

Signature: _____

Please Note: PACB dues are billed on a calendar year basis. New Members pay prorated dues for the first year, based on the month membership begins. They are then billed the full year's dues in calendar year two (2) of membership. Contributions or gifts to PACB are not tax deductible as charitable contributions.