



Application for Membership

General Information

Company Name (Full): _____
Street Address: _____
City/State/Zip: _____
Main Phone: (____) _____
Main Fax: (____) _____
Website: _____
Chief Executive Officer: _____ Full Title: _____
CEO Address (If different): _____
CEO Phone (If different): (____) _____ CEO Fax: (____) _____
CEO E-Mail: _____
Primary Contact Name (If not CEO): _____
Contact Title: _____
Address (If different): _____
Contact Phone (If different): (____) _____ Contact Fax: (____) _____
Contact E-Mail: _____

Holding Company (if applicable)

Holding Company or Parent: _____
Holding Company Address: _____
City/State/Zip: _____
Phone: (____) _____ Fax: (____) _____
State of Incorporation: _____

Membership Data

Type of Business: _____ ☐ Commercial Bank ☐ Thrift ☐ Other (see below)*
Total Deposits: \$ _____ Total Consolidated Assets: \$ _____
Total Capital: \$ _____ Total Surplus: \$ _____

If other, please describe nature of business and services provided to the banking industry:

For your membership application to be considered, please list three references with which you are currently working:

Name: _____ Institution: _____ Phone: _____
Name: _____ Institution: _____ Phone: _____
Name: _____ Institution: _____ Phone: _____

Please return the form along with your most recent annual report to:

Cindy Gentilcore, Corporate Secretary

186 Duke of Gloucester Street

Annapolis, MD 21401

Phone: (410) 269-5977 / Fax: (410) 269-1874

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