



Maryland Bankers Association

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, you must list two references with which you are currently working:

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
 www.mdbankers.com