



COMPANY INFORMATION

Company name:			Federal Tax ID:
Company website:			Type of business:
Mailing address:			Phone:
City:	State:	Zipcode:	County:
Billing address:			
City:	State:	Zipcode:	County:
Location(s) address: If different from mailing address			
City:	State:	Zipcode:	County:
Number of employees:		Annual Membership Fee: \$300	

Note: Please do not include payment with this agreement.

CONTACT INFORMATION

Please provide the requested information for people in your company who will serve as NWFA contacts. These individuals will receive NWFA emails and have access to the member website.

NWFA emails

- Newsletter
- Alerts
- Other

Website access

- Model policies
- Model forms

Billing Contact:	Title:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Email:	Phone:		
Contact: <input type="checkbox"/> HR <input type="checkbox"/> Other			
Name:	Title:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Email:	Phone:		
Contact: <input type="checkbox"/> HR <input type="checkbox"/> Other			
Name:	Title:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Email:	Phone:		
Contact: <input type="checkbox"/> HR <input type="checkbox"/> Other			
Name:	Title:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Email:	Phone:		

NON-BANK PARTNER MEMBERSHIP AGREEMENT PAGE 2

1. **Membership Benefits:** Non-Bank partner membership to either the Washington Bankers Association or Community Bankers of Washington include access to education and training sessions at a 10% discount; access to member communication pieces; opportunities to sponsor at conferences and conventions; and access to participate in the NWFA Benefits Trust.
2. **Bylaws:** While a non-bank partner of either Washington Bankers Association or Community Bankers of Washington, the Company agrees to the provisions of the WBA or CBW’s Bylaws, as amended, a copy of which is available anytime upon request.
3. **Length of membership and dues:** For the Company to become or remain a non-bank partner of the WBA or CBW in good standing, the timely payment of membership dues is required. The rates and method of calculation for membership dues are communicated to the Company in advance. In general, non-bank partner membership dues will be \$300 per year and invoiced on an annual basis, except for the initial term of membership which may be prorated if needed. All invoices are immediately due upon receipt. WBA or CBW will not provide a refund if a Company terminates membership after initiating or renewing their annual membership.

By my signature, I hereby accept the terms of this NWFA Non-Bank Partner Membership Agreement on behalf of _____ (“the Company”). Effective on the first day _____, 20__.

Signature:

Date:

Printed name:

Title:

ADMINISTRATIVE

Please leave this area blank

For NWFA use only

Referred by:

Account Executive:

Eligible: Y N