



**OKLAHOMA BANKERS ASSOCIATION**  
*PROFESSIONAL MEMBERSHIP PROGRAM*  
*Enrollment Form*

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Your Title/Position in the Bank: \_\_\_\_\_

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**Please sign me up for the FREE Deluxe ID TheftBlock® Basic program!**  
*(Enrolling is optional)*  
*(Form may be copied for use with multiple accounts – member's account(s) only)*

Bank routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Last 4 digits of your Social Security #: \_\_\_\_\_

**Please return this form to:**

Adrian Beverage  
Oklahoma Bankers Association  
643 N.E. 41st  
Oklahoma City, OK 73105  
Phone: 405/424-5252 – Secure Fax Line: 405/604-9545 – [adrian@oba.com](mailto:adrian@oba.com)  
*We Make Bankers Better!*  
[www.oba.com](http://www.oba.com)