

Application

For OBA Strategic Membership

General Information (Please Print or Type):

Company: _____
Contact: _____
Address/City/St./Zip: _____
Phone: _____ Fax: _____
E-mail: _____ Web site: _____

Does this company have any common ownership with a bank? Yes or No? _____
If yes which bank(s)? _____

Type of Business and How Your Business Provides Goods/Services to Banks.

State of Incorporation: _____
If not Oklahoma, is your business registered to do business in Oklahoma? _____

Principal Officers:

Chairman: _____	Address: _____
President: _____	Address: _____
Exec. VP: _____	Address: _____
Sec./Treasurer: _____	Address: _____

Annual Revenues: \$ _____

References:

(Board policy requires this information)

Please list ***EITHER*** two OBA member banks you have a vendor relationship with or if you're from out of state list another state association you're affiliated with and a bank you have a vendor relationship with:

Bank/Association: _____ Contact: _____
Address: _____
Telephone: _____ E-mail: _____

Bank: _____ Contact: _____
Address: _____
Telephone: _____ E-mail: _____

Today's Date: _____
Submitted by: _____
Signature: _____