## **APPLICATION**

## For OBA Strategic Membership

## **General Information (Please print or type)**

Company:	
Contact:	
Address:	· · · · · · · · · · · · · · · · · · ·
Phone: () Fax: ()	
Email: Web:	
Does this company have any common ownership with a bank?	
If so, which bank(s)?	
Type of Business and How Your Business Provides Goods/Services to	Banks
State of incorporation:	NT.
If not Oklahoma, is your business registered to do business in Oklahoma? Yes	No
Principal Officers	
Chairman: Address:	
President: Address:	
Exec. VP: Address:	
Sec./Treasurer: Address:	
Annual Revenues: \$	
References	
Please list two banks that you have a vendor relationship with as reference (Board policy requires this information.)	es.
Bank: Contact:	
Address:	
Telephone:	
Email:	
Bank: Contact:	
Address:	
Telephone:	
Email:	<u>a</u>
Today's Date:	(2)
Submitted by:	
Signature:	O K L A H O M A B A N K E R S