

## **2004-2005 ASSOCIATION INSURANCE REGISTRATION FORM**

**ASSOCIATION:** \_\_\_\_\_

**PRESIDENT'S SIGNATURE:** \_\_\_\_\_

**TREASURER'S SIGNATURE:** \_\_\_\_\_

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Please neatly print or type the information requested below.

(Note: Even if you file this report electronically, a hard copy must be filed with the office showing original signatures.)

**ACCOUNT NAME:** \_\_\_\_\_ **ACCOUNT NUMBER:** \_\_\_\_\_

**NAME OF BANK:** \_\_\_\_\_ **MANAGER'S NAME:** \_\_\_\_\_

**BRANCH STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**SIGNING OFFICERS:** \_\_\_\_\_  
\_\_\_\_\_

**ACCOUNT NAME:** \_\_\_\_\_ **ACCOUNT NUMBER:** \_\_\_\_\_

**NAME OF BANK:** \_\_\_\_\_ **MANAGER'S NAME:** \_\_\_\_\_

**BRANCH STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**SIGNING OFFICERS:** \_\_\_\_\_  
\_\_\_\_\_

**ACCOUNT NAME:** \_\_\_\_\_ **ACCOUNT NUMBER:** \_\_\_\_\_

**NAME OF BANK:** \_\_\_\_\_ **MANAGER'S NAME:** \_\_\_\_\_

**BRANCH STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**SIGNING OFFICERS:** \_\_\_\_\_  
\_\_\_\_\_

Please neatly print or type the information requested below.

ACCOUNT NAME:	_____	ACCOUNT NUMBER:	_____
NAME OF BANK:	_____	MANAGER'S NAME:	_____
BRANCH STREET ADDRESS: _____			
CITY:	_____	POSTAL CODE:	_____
TELEPHONE:		_____	
SIGNING OFFICERS:		_____	_____
		_____	_____

ACCOUNT NAME:	_____	ACCOUNT NUMBER:	_____
NAME OF BANK:	_____	MANAGER'S NAME:	_____
BRANCH STREET ADDRESS: _____			
CITY:	_____	POSTAL CODE:	_____
TELEPHONE:		_____	
SIGNING OFFICERS:		_____	_____
		_____	_____

ACCOUNT NAME:	_____	ACCOUNT NUMBER:	_____
NAME OF BANK:	_____	MANAGER'S NAME:	_____
BRANCH STREET ADDRESS: _____			
CITY:	_____	POSTAL CODE:	_____
TELEPHONE:		_____	
SIGNING OFFICERS:		_____	_____
		_____	_____