2003-2004 ASSOCIATION INSURANCE REGISTRATION FORM

ASSOCIATION: _____

PRESIDENT'S SIGNATURE: _____

TREASURER'S SIGNATURE: _____

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: _____   _____

_____ _____   _____

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