

2008-2009 BANKING/INSURANCE REGISTRATION FORM

ZONE/DC ASSOCIATION: _____

WE CONFIRM THAT NO TWO SIGNING OFFICERS ARE MEMBERS OF ONE FAMILY.

PRESIDENT'S SIGNATURE: _____

TREASURER'S SIGNATURE: _____

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
IN ORDER TO COMPLY WITH INSURANCE GUIDELINES)

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____ BANK TRANSIT & ROUTING # _____

NAME OF BANK: _____ MANAGER'S NAME: _____

BRANCH STREET ADDRESS: _____

CITY: _____ POSTAL CODE: _____ TELEPHONE: _____

SIGNING OFFICERS: _____

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____ BANK TRANSIT & ROUTING # _____

NAME OF BANK: _____ MANAGER'S NAME: _____

BRANCH STREET ADDRESS: _____

CITY: _____ POSTAL CODE: _____ TELEPHONE: _____

SIGNING OFFICERS: _____

ACCOUNT NAME: _____

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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: _____ BANK TRANSIT & ROUTING # _____
NAME OF BANK: _____ MANAGER'S NAME: _____
BRANCH STREET ADDRESS: _____
CITY: _____ POSTAL CODE: _____ TELEPHONE: _____
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NAME OF BANK: _____ MANAGER'S NAME: _____
BRANCH STREET ADDRESS: _____
CITY: _____ POSTAL CODE: _____ TELEPHONE: _____
SIGNING OFFICERS: _____

DEADLINE DATE FOR SUBMISSION – FRIDAY, OCTOBER 17, 2008