



CFTWS ASSOCIATE MEMBERSHIP FORM

(Membership Year is July 1 thru June 30)

CENTER FOR FINANCIAL TRAINING WESTERN STATES

2460 W. 26th AVE., SUITE 210-C, DENVER, COLORADO 80211

303-825-1590 / FAX 303-629-1591

Yes! My organization would like to join CFTWS to take advantage of quality, cost-beneficial financial services industry education and training at discount rates.

Please complete the information for the Main Location, and all other locations (if applicable) on the second page. Your employee count will be used to calculate your associate membership fee and is based on every full or part-time employee. The associate membership fee is a low **\$10.00 per employee with a minimum of \$150.00**. For your convenience, Center for Financial Training Western States will invoice your organization at the end of the month. Please mail this form to the address above or, if preferred, fax to (303) 629-1591 or e-mail to info@cftws.org.

Main Organization _____

Street Address / Suite # _____

City / State / Zip Code _____

Mailing Address (if different from above) _____

Phone No. _____ Fax No. _____

Number of Employees (Main Location - include both full-time and part-time) _____

Authorized Signature _____

Print Name _____ Title _____

Business purpose and relationship to banking industry (please specify) _____

President / CEO

Name: _____
Location (if other than Main): _____
E-Mail Address: _____
Phone Number: _____

Main Location Manager

Name: _____
E-Mail Address: _____
Phone Number: _____

Marketing Director

Name: _____
Location (if other than Main): _____
E-Mail Address: _____
Phone Number: _____

Accounts Payable

Name: _____
Location (if other than Main): _____
E-Mail Address: _____
Phone Number: _____

HR / Personnel Director

Name: _____
Location (if other than Main): _____
E-Mail Address: _____
Phone Number: _____

CFTWS Contact

(person designated to receive CFTWS materials)

Name: _____
Location (if other than Main): _____
E-Mail Address: _____
Phone Number: _____

MEMBERSHIP DUES

- Invoice all Locations separately
- Invoice all Locations through the Main Organization
- We have NO other Locations

REGISTRATION FEES

- Invoice all Locations separately
- Invoice all Locations through the Main Organization

BRANCH/SUBSIDIARY BREAKOUT

Location Name _____
Location Address (Mailing) _____
Location Address (Street) _____
Manager _____
Phone No. _____ Fax No. _____
E-Mail Address _____
CFTWS Contact _____
Phone No. _____ E-Mail Address _____
Number of Employees: _____ (at this Location - include both full-time and part-time)

Location Name _____
Location Address (Mailing) _____
Location Address (Street) _____
Manager _____
Phone No. _____ Fax No. _____
E-Mail Address _____
CFTWS Contact _____
Phone No. _____ E-Mail Address _____
Number of Employees: _____ (at this Location - include both full-time and part-time)

Location Name _____
Location Address (Mailing) _____
Location Address (Street) _____
Manager _____
Phone No. _____ Fax No. _____
E-Mail Address _____
CFTWS Contact _____
Phone No. _____ E-Mail Address _____
Number of Employees: _____ (at this Location - include both full-time and part-time)

Location Name _____
Location Address (Mailing) _____
Location Address (Street) _____
Manager _____
Phone No. _____ Fax No. _____
E-Mail Address _____
CFTWS Contact _____
Phone No. _____ E-Mail Address _____
Number of Employees: _____ (at this Location - include both full-time and part-time)

Feel free to reproduce this form as necessary to accommodate all locations.

Please Mail, Fax or E-Mail to:
Center for Financial Training Western States, 2460 W. 26th Ave., Ste 210-C Denver, CO 80211
Fax: (303) 629-1591 E-Mail: info@cftws.org

For CFTWS Use Only Date: _____ Initials: _____
<input type="checkbox"/> Set-Up Completed <input type="checkbox"/> E-Mail Database <input type="checkbox"/> Fax Database <input type="checkbox"/> Letter/Poster/Catalog <input type="checkbox"/> Location Marketing Materials <input type="checkbox"/> Staff Copies