



CFTWS CORPORATE 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 financial institution would like to join CFTWS to take advantage of quality, cost-beneficial financial services industry education and training at discount rates.

(NOTE: MAIN BANK/FINANCIAL INSTITUTION IS DEFINED AS THE MAIN CHARTERED BANK AND ALL OF ITS BRANCHES/SUBSIDIARIES WITHIN THE GEOGRAPHIC TERRITORY CENTER FOR FINANCIAL TRAINING WESTERN STATES SERVICES)

Please complete the information for the Main Bank/Financial Institution below, and all branches and/or subsidiaries on the second page. Your employee count will be used to calculate your corporate membership fee and is based on every full or part-time employee. The corporate membership fee is a low **\$8.00 per employee with a minimum of \$125.00**, which ever is greater. For your convenience Center for Financial Training will invoice your organization at month end. Please mail this form to the address above or, if preferred, fax to (303) 629-1591 or e-mail to info@cftws.org.

Main Bank/Financial Institution _____

Routing Number _____ Branch Number _____

Street Address / Suite # _____

City / State / Zip Code _____

Mailing Address (if different from above) _____

Phone No. _____ Fax No. _____

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

Authorized Signature _____

Print Name _____ Title _____

President

Name: _____

Branch Location (if other than Main): _____

E-Mail Address: _____

Phone Number: _____

Training Director

Name: _____

Branch Location (if other than Main): _____

E-Mail Address: _____

Phone Number: _____

Marketing Director

Name: _____

Branch Location (if other than Main): _____

E-Mail Address: _____

Phone Number: _____

Operations / Cashier

Name: _____

Branch Location (if other than Main): _____

E-Mail Address: _____

Phone Number: _____

Main Bank Manager

Name: _____

E-Mail Address: _____

Phone Number: _____

HR / Personnel Director

Name: _____

Branch Location (if other than Main): _____

E-Mail Address: _____

Phone Number: _____

Accounts Payable

Name: _____

Branch Location (if other than Main): _____

E-Mail Address: _____

Phone Number: _____

Chief Lending Officer

Name: _____

Branch Location (if other than Main): _____

E-Mail Address: _____

Phone Number: _____

Compliance Director

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

CFTWS Contact

(person designated to receive CFTWS materials)

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

MEMBERSHIP DUES

- Invoice all Branches/Subsidiaries separately
- Invoice all Branches/Subsidiaries through the Main Bank/Financial Institution
- We have NO other Subsidiaries/Branches

REGISTRATION FEES

- Invoice all Branches/Subsidiaries separately
- Invoice all Branches/Subsidiaries through the Main Bank/Financial Institution

BRANCH/SUBSIDIARY BREAKOUT

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

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

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

Feel free to reproduce this form as necessary to accommodate all branches or subsidiaries.

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: _____
 Set-Up Completed E-Mail Database Fax Database Letter/Poster/Catalog Branch Marketing Materials Staff Copies