



ABA MEMBERSHIP APPLICATION FORM

The Secretary-Treasurer
Asian Bankers Association

Date: _____

c/o 7F-2, No. 760 Bade Road, Sec. 4, Songshan District, Taipei 10567, Taiwan
Tel: (8862) 2760-1139 Fax: (8862) 2760-7569 Email: aba@aba.org.tw

We hereby apply as ASSOCIATE MEMBER with the Asian Bankers Association. Attached is our information sheet.

_____ Enclosed is A Draft for US\$800

_____ Please bill us for our Annual Membership Dues

Name/Signature

Position

INFORMATION SHEET

Name of Organization: _____

Business Address: _____

Telephone: _____ Fax No.: _____

Email: _____ Website: _____

Types of Services:

Date Registered or Established: _____

Capitalization/Assets: (In lieu of this, you may enclose your Annual Report)

Capitalization: US\$ _____ Assets: US\$ _____

Key Officers:	<u>Name</u>	<u>Position</u>
	_____	_____
	_____	_____
	_____	_____

Affiliations: _____

(If your organization has a brochure of its history and development and an Annual Report, please attach a copy of each. Thank you.)