

# HELLENIC AMERICAN BANKERS ASSOCIATION

# MEMBERSHIP APPLICATION

## PERSONAL INFORMATION (PLEASE INCLUDE YOUR PERSONAL EMAIL ADDRESS)

First Name:		Last Name:	
Home address:			
City:	State:	ZIP Code:	
Home Phone:	Personal email address:		
Please tell us who referred you to HABA:			

## BUSINESS INFORMATION

Employer:			
Business address:			
City:	State:	ZIP Code:	Website:
State:			
Business Phone:	Business email:		Fax:
Position and title:			
Responsibilities:			

In what year did you enter this industry?	In what year did you start with your current employer:
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## EDUCATION INFORMATION

Highest degree attained and conferring school:
Other schools and degrees:

## POSTAL MAIL AND EMAIL PREFERENCES (CHECK AS APPLICABLE):

POSTAL MAIL:  Home address     Business address    EMAIL:  Personal email address     Business email address

## Membership Application Information and Instructions

The annual membership fee as presently established by the Board of Directors is \$150 per individual. Membership entitles you to attend HABA events at the member's price set by the Board for each event. Admission prices for non-members or guests may be significantly higher, making your paid membership an attractive economic value. Only paid members may attend "members-only" HABA events. The membership fee is for the calendar year ending December 31<sup>st</sup>. Your annual membership must be up-to-date for you to qualify for member's price admission to HABA events.

HABA invites persons employed in the U.S. banking, financial services, and related industries to apply for membership in accordance with HABA By-Laws. Applications will be reviewed by the Membership Committee and presented to the Board of Directors for consideration.

Please complete all fields and SIGN your application, include a check or credit card details, and mail it to:

Hellenic American Bankers Association, Inc.  
FDR Station, P.O. Box 7244  
New York, NY 10150

Please allow 3-5 weeks for membership application processing. Be sure to include either a check or your credit card information, in payment of your first year's membership fee. We accept VISA or MasterCard only. Please print legibly. Our email address is [administrator@haba.org](mailto:administrator@haba.org).

## CREDIT CARD INFORMATION

Name as shown on credit card:	Type of credit card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
Credit card number:	Credit card expiration date (mm/yy):

## SIGNATURES

I hereby apply for membership in the Hellenic American Bankers Association.  
My check is enclosed, or I authorize HABA to charge my credit card, above, for the 1<sup>st</sup> year's membership fee.

Signature of applicant:	Date:
Signature of credit card holder, if different from applicant:	Date:

## **MEMBERSHIP ELIGIBILITY**

Individuals employed in the financial services and related industries meeting the following criteria are invited to join HABA:

1. Individual has an executive, managerial, professional or supervisory position, and is employed by a bank, insurance company, securities brokerage firm or related service industry company; or is employed on a regular basis in a position directly related to the fields of banking, insurance, investment or finance, **excluding** teaching thereof; or is employed as a full time professor by an accredited college or university and whose primary areas of academic responsibility are banking, investment or finance; and
2. Individual has received a baccalaureate or higher degree from an accredited college or university

## **BENEFITS**

Membership entitles you to various benefits including the following:

- Informative lectures
  - Reduced admission fees to most HABA events
  - Eligibility to attend HABA members-only events
- Opportunity to meet other professionals in the financial services field