



**2006-07 INSTITUTIONAL TRIAL APPLICATION**  
**FROM: CENTRAL INDIANA CHAPTER**  
**February 28, 2007 Deadline**

Our purpose is to help highly successful professionals like you make better loan and risk management decisions. By sharing the latest techniques through our chapter meetings, conferences, and round tables, we provide unique opportunities for you to hear the industry's best lenders and risk managers. Our publications and information services will keep you current with the industry's best practices, helping to substantially increase your base of profitable commercial loans and business relationships.

This application entitles FIRST TIME MEMBERS up to \$2000 off RMA's Annual Dues. RMA's fiscal year is 9/1-8/31.

You will receive the *RMA Journal* 10 times a year along with updates on the latest RMA products and services. At the local level you will have full access and invitations to local chapter events. Included with your membership is a copy of RMA's *Annual Statement Studies*. Plus throughout the year you will receive special reports/hot topics of interest, which may also be accessed through RMA's **Members-Only Web site**.

Please complete this form and return it to RMA Member Services, 1801 Market Street, Suite 300, Philadelphia, PA 19103 (Fax 215-446-4100). (Enclose no money, RMA will bill you.)

Questions? Please call us at 800-677-7621, prompt #2, or e-mail us at member@rmahq.org.

**I. Institutional Information (Please Print or Type)**

Full Institution Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Main Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Institution's Web Site: \_\_\_\_\_  
Type of Institution: \_\_\_\_\_ Is your institution an affiliate of a holding company? No Yes  
If yes, name of holding company: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_  
Chief Executive Officer (CEO): \_\_\_\_\_  
Financial Date as of (12/31/previous year): Total Assets: \$ \_\_\_\_\_ **(required)**

**II. Name Your Associates**

A. **Senior Associate**  Mr.  Ms. DOB \_\_\_\_\_ Title (e.g., EVP, SVP, etc.): \_\_\_\_\_  
Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Business Address (if different from above): \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_

**This section must be completed in order to properly process your application.**

**Which best describes your job function? (Check one only.)**

- |                         |                             |                           |                              |
|-------------------------|-----------------------------|---------------------------|------------------------------|
| Auditor                 | CEO/President               | COO/CFO/Managing Director | CPA/Attorney/Appraiser       |
| Credit Admin/Department | Credit Policy Officer       | Government Agency         | Human Resource/Training Dir. |
| Insurance               | Loan Review/Administration  | Nonbank/Nonfinancial      | Portfolio Management Officer |
| Regulator/Examiner      | Relationship Manager/Lender | Risk Management Officer   | Secretary/Admin Asst         |
| Securities Lending      | Securities Trader           | Senior Line Manager       | Student                      |
| Underwriter/Analyst     | University/Librarian        |                           |                              |

**Which best describes your area of specialty?** (Check one only.)

- |                                    |                              |                     |                                  |
|------------------------------------|------------------------------|---------------------|----------------------------------|
| Agricultural Lending               | All Credit Activity          | Audit               | Commercial Banking               |
| Consumer/Retail Banking            | Corporate Office             | Credit Department   | Credit Risk                      |
| Custody                            | Enterprise Risk              | Finance Function    | Funds Management                 |
| Healthcare                         | International/Global Banking | Investment Banking  | IT                               |
| Legal                              | Life/Health Insurance        | Market Risk         | Nonbank/Nonfinancial Institution |
| Non-Profit/University              | Operational Risk             | Operations          | P&C Insurance                    |
| Private Banking/Wealth Mgmt        | Real Estate Lending          | Sales and Marketing | Securities Lending               |
| Securities or Fixed Income Trading |                              |                     |                                  |

If (applicable) Previously, I was an RMA Associate with: \_\_\_\_\_ City: \_\_\_\_\_

**B. Alternate Associate**  Mr.  Ms. DOB \_\_\_\_\_ Title (e.g., EVP, SVP, etc.): \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Nickname: \_\_\_\_\_

Business Address (if different from above): \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ e-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

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- |                         |                             |                           |                              |
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| Regulator/Examiner      | Relationship Manager/Lender | Risk Management Officer   | Secretary/Admin Asst         |
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| Consumer/Retail Banking            | Corporate Office             | Credit Department   | Credit Risk                      |
| Custody                            | Enterprise Risk              | Finance Function    | Funds Management                 |
| Healthcare                         | International/Global Banking | Investment Banking  | IT                               |
| Legal                              | Life/Health Insurance        | Market Risk         | Nonbank/Nonfinancial Institution |
| Non-Profit/University              | Operational Risk             | Operations          | P&C Insurance                    |
| Private Banking/Wealth Mgmt        | Real Estate Lending          | Sales and Marketing | Securities Lending               |
| Securities or Fixed Income Trading |                              |                     |                                  |

If (applicable) Previously, I was an RMA Associate with: \_\_\_\_\_ City: \_\_\_\_\_

**C. Additional Associate**  Mr.  Ms. DOB \_\_\_\_\_ Title (e.g., EVP, SVP, etc.): \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Nickname: \_\_\_\_\_

Business Address (if different from above): \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

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