

Western Banking

FREE ONE-YEAR SUBSCRIPTION FORM

Please complete the form below to begin or renew your free one-year subscription to **Western Banking**.

Yes, I want to begin my FREE one-year subscription to **Western Banking** No

Signature: _____ Date: _____

Name: _____ Title: _____

Company/Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

1. JOB TITLE (Select the title that BEST describes your position):

- | | | |
|---|--|--|
| <input type="checkbox"/> 01 Chairman | <input type="checkbox"/> 08 Chief Technology Officer | <input type="checkbox"/> 15 Owner |
| <input type="checkbox"/> 02 Vice Chairman | <input type="checkbox"/> 09 Chief Compliance Officer | <input type="checkbox"/> 16 Cashier |
| <input type="checkbox"/> 03 President or CEO | <input type="checkbox"/> 10 Executive Vice President | <input type="checkbox"/> 17 Bank Director |
| <input type="checkbox"/> 04 Chief Financial Officer | <input type="checkbox"/> 11 Senior or First Vice President | <input type="checkbox"/> 18 Other (please specify) |
| <input type="checkbox"/> 05 Chief Operations Officer | <input type="checkbox"/> 12 Vice President | _____ |
| <input type="checkbox"/> 06 Chief Information Officer | <input type="checkbox"/> 13 Branch Manager | |
| <input type="checkbox"/> 07 Chief Lending Officer | <input type="checkbox"/> 14 Manager, Director, or Officer | |

2. JOB RESPONSIBILITIES (Select ALL that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> A) Accounting/Finance | <input type="checkbox"/> G) Mortgage Lending | <input type="checkbox"/> M) Human Resources |
| <input type="checkbox"/> B) Branch Management | <input type="checkbox"/> H) Marketing/Business Development | <input type="checkbox"/> N) Compliance |
| <input type="checkbox"/> C) Information Technology | <input type="checkbox"/> I) Operations | <input type="checkbox"/> O) Security |
| <input type="checkbox"/> D) Commercial Lending | <input type="checkbox"/> J) Retail Banking | <input type="checkbox"/> P) Legal Counsel |
| <input type="checkbox"/> E) Consumer Lending | <input type="checkbox"/> K) Wealth Management | <input type="checkbox"/> Q) Other (please specify) |
| <input type="checkbox"/> F) Corporate/Executive Management | <input type="checkbox"/> L) Investments/Portfolio Management | _____ |

3. FINANCIAL INSTITUTION (Please indicate where you work):

- 01 Commercial Bank 02 Thrift 03 Credit Union 04 Other _____

4. ASSETS (Please indicate the assets of your financial institution):

- | | | |
|--|--|--|
| <input type="checkbox"/> A) More than \$5 Billion | <input type="checkbox"/> C) \$501 Million to \$1 Billion | <input type="checkbox"/> E) \$100 Million to \$250 Million |
| <input type="checkbox"/> B) \$1 Billion to \$5 Billion | <input type="checkbox"/> D) \$251 Million to \$500 Million | <input type="checkbox"/> F) Less than \$100 Million |

5. NUMBER OF LOCATIONS:

- 01) More than 25 02) 20-24 03) 15-19 04) 11-14 05) 6-10 06) 2-5 07) 1

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Fax to 913-261-7010 or mail to P.O. Box 29156, Shawnee Mission, KS 66201-9156.