

Organization Information

Bank or Company _____
 Address _____ City _____ State _____ Zip _____

Applicant Information

Mr. Ms. Age Range: 20-29 30-39 40-49 50+
 First Name _____ Last Name _____
 Email _____ Title _____
 Home Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Roommate preference _____ Name for name badge _____
 Emergency contact _____ Emergency phone _____
 Please indicate any special accommodations such as handicap accessibility or dietary needs:

Demographic and Background Information

EDUCATIONAL BACKGROUND <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Law Degree	EXPERIENCE <input type="checkbox"/> 0-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> 16-19 years <input type="checkbox"/> 20+ years	BANK ASSET SIZE <input type="checkbox"/> up to \$100 MM <input type="checkbox"/> \$101-250 MM <input type="checkbox"/> \$251-500 MM <input type="checkbox"/> \$501-999 MM <input type="checkbox"/> Over \$1 B	AIB OR COLLEGE COURSES COMPLETED <input type="checkbox"/> Economics <input type="checkbox"/> Money and Banking <input type="checkbox"/> Principles of Banking <input type="checkbox"/> Accounting <input type="checkbox"/> Other
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- Email a current job description to dorothy@ndba.com.
- List other banking positions previously held and length of positions: _____
- List any other financial experience and/or other banking schools attended: _____

Applicant Agreement and Approval

In applying for admission to this school, I understand that I will be expected to attend all classes, to prepare assigned work and to abide in all respects to the standards established by the School. I understand that the School Advisory Board reserves the right to expel any student whose conduct is unprofessional while attending the School. I also understand that my signature allows Dakota School of Banking to release my completion status to my employer.

Applicants Signature _____ Date _____

The submission of this application has been approved by the bank president or another bank officer.

Nominating Officer Name _____ Title _____
 Nominating Officer E-mail _____ Phone _____

Acceptance Policy

Completed applications will be reviewed and admission decisions will be made within two weeks of receipt of application. You will be notified by mail of your acceptance decision.

REGISTRATION FEES	REGISTRATION BY APR. 8	REGISTRATION AFTER APR. 8	
Member Rate	\$1,295	\$1,395	
Nonmember Rate	\$1,855	\$1,955	
Single Room	add \$200		
<input type="checkbox"/> Please invoice. <input type="checkbox"/> Check enclosed. TOTAL DUE:			

Mail form with payment to:
 North Dakota Bankers Association, Attn: DSB Registration,
 PO Box 1438, Bismarck ND 58502-1438

Email form to:
 dorothy@ndba.com