



# Certificate Request Form

Pennsylvania Bankers Association  
 Attn: Jackie Catalano  
 3897 North Front Street  
 Harrisburg, PA 17110  
 Tel: (717) 255-6939  
 Fax: (717) 230-8786

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Name *(As it is to appear on certificate including middle initial)* Last 4 Digits of Social Security

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Mailing Address City State Zip

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Daytime Phone Daytime Fax

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Company Name

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E-mail

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Certificate requested: (√)		Date Completed	Certificate completed: (√)		
			OnLine	In-Bank	Campus (Include Name)
<input type="checkbox"/>	Bank Teller		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Call Center Representative		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Customer Service Representative		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Small Business Banking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Supervisor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Team Leader		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Bank Service Provider		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Personal Banking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Certificate list can be found on the PBA Web site.

**· PAYMENT POLICY ·**

Payment **MUST** accompany the registration form. Allow up to 4 weeks for processing & delivery.  
 Members - \$25/certificate                      Non-Members - \$40/certificate

**Credit Card Payment**

Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Signature \_\_\_\_\_

<b>FOR PBA USE ONLY:</b>		
Received _____	Check # _____	\$ _____