



40-YEAR CLUB SUBMISSION FORM*

Applicant Name: _____

Current Title: _____

Institution Name: _____

PA Bankers Group #: _____

Institution Address: _____

Applicant Address (if different): _____

Date First Employed in Banking: _____

Total Years in Banking: _____

Email: _____

Telephone: _____

Will the applicant attend his/her Group's Fall Group Recognition Reception?

Yes (Please register with enclosed form.)

No (A paper certificate will be mailed following the event.)

*Please email the applicant's photo for use in the official program materials to kmcdermott@pabanker.com.

Please complete and submit form to:

Karen McDermott
Pennsylvania Bankers Association
3897 N. Front St.
Harrisburg, PA 17110
(717) 255-6914
kmcdermott@pabanker.com