



# CLASSIC MEMBERSHIP APPLICATION

DATE

NAME

SPOUSE

PREFERRED NICKNAME

PREFERRED NICKNAME

BIRTHDATE

BIRTHDAY

ADDRESS

CITY  STATE  ZIP

HOME PHONE  EMAIL

WEDDING ANNIVERSARY

I (and/or my spouse) meet the age 50 requirement, hold a checking account and have the minimum \$10,000 in total deposits at Jefferson Bank.

Signature \_\_\_\_\_

### CHECK APPLICABLE ACCOUNTS

- Checking
- CD
- Savings
- Money Market
- Safe Deposit Box
- IRA
- Other

### I WOULD LIKE TO HEAR MORE ABOUT

- Central Trust Company
- Money Market Account
- Central Investment Advisors
- Certificates of Deposits
- Upcoming Seminars
- IRA
- Health Savings Account
- Online Banking
- eStatements
- Identity Theft

Complete this form and mail it to:

**Jefferson Bank Classic Club**  
**Attn: Amy Coffeey**  
**901 Eastland Dr.**  
**Jefferson City, MO 65101**



**JEFFERSON BANK**  
**of Missouri**  
*People You Know. People You Trust.*