



# 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 Central Bank of Lake of the Ozarks.

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:

**CLASSIC**  
**Central Bank of Lake of the Ozarks**  
**Attn: Lisa Coleman**  
**PO Box 207**  
**Osage Beach, MO 65065**

**(573)302-2461**



**Central Bank**  
**of Lake of the Ozarks**

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