



# 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 \$5,000 in total deposits at Central Bank of the Ozarks.

Signature \_\_\_\_\_

## CHECK APPLICABLE ACCOUNTS

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

Complete this form and mail it to:

**CLASSIC**  
**Central Bank of the Ozarks**  
**PO Box 3397**  
**Springfield, MO 65808**

## 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



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

Strong roots. Endless possibilities.™

MEMBER FDIC