



## Community Organization Agreement

The Northern Indiana Bank On Alliance is a community collaboration whose goal is to provide opportunities for individuals and families to be on a healthy financial path by offering low to no-cost banking services and free financial education.

Thank you for your interest in being part of the Alliance. Please fill out the information below to join our effort.

**ORGANIZATION NAME:** \_\_\_\_\_

**ORGANIZATION ADDRESS:** \_\_\_\_\_

**ORGANIZATION PHONE:** \_\_\_\_\_

**ORGANIZATION WEBSITE:** \_\_\_\_\_

**REPRESENTATIVE NAME:** \_\_\_\_\_

**REPRESENTATIVE TITLE:** \_\_\_\_\_

**REPRESENTATIVE PHONE:** \_\_\_\_\_

**REPRESENTATIVE EMAIL:** \_\_\_\_\_

As a community partner, our organization agrees to participate in NIBOA activities in the following ways. Check all that apply:

- Provide Alliance information about low to no-cost banking services and free financial education to clients.
- Host Alliance education workshop(s) for clients at our location.
- Link on our website to NIBOA.org.
- Promote Alliance activities in client communications (newsletters, emails, etc.).
- Display Alliance information in our lobby.
- Participate in Alliance member meetings.
- Provide space for Alliance meetings/events.
- Other \_\_\_\_\_

The Alliance is looking for its membership to be actively involved in the education and recruitment process. Alliance activities are guided by three committees – Education, Financial Institutions and Community Partners. If you are interested in serving on a committee, please note it below by checking the yes box and filling in the committee name.

- Yes, I'm interested in serving on a committee. I would like to serve on \_\_\_\_\_.

\_\_\_\_\_  
Community Organization Representative [Printed Name/Signature/Title]

\_\_\_\_\_  
Date

\_\_\_\_\_  
Northern Indiana Bank On Alliance Representative [Printed Name/Signature/Title]

\_\_\_\_\_  
Date