



# ELITE ADVANTAGE CLUB MEMBERSHIP APPLICATION

DATE	<input type="text"/>				
NAME	<input type="text"/>	SPOUSE	<input type="text"/>		
PREFERRED NICKNAME	<input type="text"/>	PREFERRED NICKNAME	<input type="text"/>		
BIRTHDATE	<input type="text"/>	BIRTHDATE	<input type="text"/>		
ADDRESS	<input type="text"/>				
CITY	<input type="text"/>	STATE	<input type="text"/>	ZIP	<input type="text"/>
HOME PHONE	<input type="text"/>	EMAIL	<input type="text"/>		
WEDDING ANNIVERSARY	<input type="text"/>				

I (and/or my spouse) meet the age 50 requirement, hold deposit accounts and have the minimum \$5,000 in total deposits at Hawthorn Bank.

### CHECK APPLICABLE ACCOUNT

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

### I WOULD LIKE TO HEAR MORE ABOUT

- Hawthorn Bank
- Money Market Account
- Wealth Management
- Certificates of Deposit
- Upcoming Seminars
- IRA
- Health Savings Account
- Online Banking
- eStatements
- Identity Theft
- Refer a Friend Program

### MAIL COMPLETED FORM TO:

#### Western Missouri Elite Advantage Coordinator

Brenda Eaton  
102 North 2nd Street  
Clinton, MO 64735  
beaton@hawthornbank.com  
(660) 890-3024

#### Central Missouri Elite Advantage Coordinator

Linda Harris  
PO Box 688  
Jefferson City, MO 65102  
lharris@hawthornbank.com  
(573) 761-6246

PRINT FORM

RESET FORM