

Hawthorn BANK® ELITE ADVANTAGE CLUB MEMBERSHIP APPLICATION

DATE				
DATE				
NAME			SPOUSE	
PREFERRED NICKNAME			PREFERRED NICKNAME	
BIRTHDATE			BIRTHDATE	
ADDRESS				
CITY			STATE	ZIP
HOME PHONE	E	MAIL		
WEDDING ANNIVERS	SARY			
I (and/or my spouse) i deposits at Hawthorn	meet the age 50 requirement Bank.	, hold o	deposit accounts and have t	he minimum \$5,000 in tota
CHECK APPLICABLE ACCOUNT			I WOULD LIKE TO HEAR MORE ABOUT	
Checking	Safe Deposit Box		Hawthorn Bank	
CD	IRA		Money Market Account	
Savings	Other		Wealth Management	t
Money Market			Certificates of Deposit	
			Upcoming Seminars	
MAIL COMPLETED FORM TO:			IRA	
			Health Savings Account	
Western Missouri Elite Advantage Coordinator Larry Dawson 1400 E Ohio			Online Banking	
			eStatements	
PO Box 646 Clinton, MO 64735 Idawson@hawthornbank.com (660) 890-3041			Identity Theft	
			Refer a Friend Progra	am
Central Missouri Elit Linda Harris	e Advantage Coordinator		PRINT FORM	
PO Box 688			RESET FORM	
Jefferson City, MO 65 Iharris@hawthornbank				

(573) 761-6246