

Junior Savers Club Membership Form

Member Name: _____ Birth Date: ____ / ____ / ____ Male Female

Address: _____ City _____ State _____ Zip Code _____

Member's Bank Account Number _____ Parent / Guardian Name: _____

I, the parent / guardian of the above member, approve the above member to be enrolled in The Napoleon State Bank's Junior Savers Club. I agree to release The Napoleon State Bank to use and reproduce the member's likeness at any time in the future including but not limited to any form of advertising, marketing, photographs, and printed promotional material.

Member Signature: _____ Date: ____ / ____ / ____

Parent / Guardian Signature: _____ Date: ____ / ____ / ____

Return to any location or mail to: The Napoleon State Bank, Attention Marketing, P.O. Box 9, Napoleon, Indiana 47034