

**FORTY YEAR CLUB**

Please return by **April 6, 2019** to:

Vicky Franklin • Mississippi Bankers Association • P. O. Box 37 • Jackson, MS 39204-0037  
601-948-6175 FAX • [vfranklin@msbankers.com](mailto:vfranklin@msbankers.com) • 601-948-6366 PHONE

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Eligibility Requirements

1. At least 40 years of service as a Mississippi banker by December 31, 2018
2. Officers and employees of MBA member institutions are eligible. Directors are eligible if 25 years of the 40 years have been spent as an active bank staff member.
3. Service, in order to be considered:
  - a. must be with a commercial bank or savings institution in Mississippi
  - b. does not necessarily have to be continuous
  - c. can be with more than one bank in Mississippi
  - d. can include leaves of absence for military service

**PLEASE PRINT CLEARLY**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Years Service with Present Financial Institution: From \_\_\_\_\_ To \_\_\_\_\_  
Years Service with Other Miss. Financial Institution(s): From \_\_\_\_\_ To \_\_\_\_\_  
Financial Institution \_\_\_\_\_ Town \_\_\_\_\_  
Will \_\_\_\_\_ Will not \_\_\_\_\_ attend the 2019 convention.

.....

Name \_\_\_\_\_ Title \_\_\_\_\_  
Years Service with Present Financial Institution: From \_\_\_\_\_ To \_\_\_\_\_  
Years Service with Other Miss. Financial Institution(s): From \_\_\_\_\_ To \_\_\_\_\_  
Financial Institution \_\_\_\_\_ Town \_\_\_\_\_  
Will \_\_\_\_\_ Will not \_\_\_\_\_ attend the 2019 convention.

.....

Name \_\_\_\_\_ Title \_\_\_\_\_  
Years Service with Present Financial Institution: From \_\_\_\_\_ To \_\_\_\_\_  
Years Service with Other Miss. Financial Institution(s): From \_\_\_\_\_ To \_\_\_\_\_  
Financial Institution \_\_\_\_\_ Town \_\_\_\_\_  
Will \_\_\_\_\_ Will not \_\_\_\_\_ attend the 2019 convention.

.....

**Submitted by - Name:** \_\_\_\_\_  
**Financial Institution/City:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_  
(Please make copies if additional space is needed.)

**FIFTY YEAR CLUB**

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**Eligibility Requirements**

1. At least 50 years of service as a Mississippi banker by December 31, 2018
2. Officers and employees of MBA member institutions are eligible. Directors are eligible if 25 years of the 50 years have been spent as an active bank staff member.
3. Service, in order to be considered:
  - a. must be with a commercial bank or savings institution in Mississippi
  - b. does not necessarily have to be continuous
  - c. can be with more than one bank in Mississippi
  - d. can include leaves of absence for military service

**PLEASE PRINT CLEARLY**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Years Service with Present Financial Institution: From \_\_\_\_\_ To \_\_\_\_\_  
Years Service with Other Miss. Financial Institution(s): From \_\_\_\_\_ To \_\_\_\_\_  
Financial Institution \_\_\_\_\_ Town \_\_\_\_\_  
Will \_\_\_\_\_ Will not \_\_\_\_\_ attend the 2019 convention.

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Name \_\_\_\_\_ Title \_\_\_\_\_  
Years Service with Present Financial Institution: From \_\_\_\_\_ To \_\_\_\_\_  
Years Service with Other Miss. Financial Institution(s): From \_\_\_\_\_ To \_\_\_\_\_  
Financial Institution \_\_\_\_\_ Town \_\_\_\_\_  
Will \_\_\_\_\_ Will not \_\_\_\_\_ attend the 2019 convention.

.....

Name \_\_\_\_\_ Title \_\_\_\_\_  
Years Service with Present Financial Institution: From \_\_\_\_\_ To \_\_\_\_\_  
Years Service with Other Miss. Financial Institution(s): From \_\_\_\_\_ To \_\_\_\_\_  
Financial Institution \_\_\_\_\_ Town \_\_\_\_\_  
Will \_\_\_\_\_ Will not \_\_\_\_\_ attend the 2019 convention.

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**Submitted by - Name:** \_\_\_\_\_  
**Financial Institution/City:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_  
(Please make copies if additional space is needed.)

**SIXTY YEAR CLUB**

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Eligibility Requirements

1. At least 60 years of service as a Mississippi banker by December 31, 2018
2. Officers and employees of MBA member institutions are eligible. Directors are eligible if 25 years of the 60 years have been spent as an active bank staff member.
3. Service, in order to be considered:
  - a. must be with a commercial bank or savings institution in Mississippi
  - b. does not necessarily have to be continuous
  - c. can be with more than one bank in Mississippi
  - d. can include leaves of absence for military service

**PLEASE PRINT CLEARLY**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Years Service with Present Financial Institution: From \_\_\_\_\_ To \_\_\_\_\_  
 Years Service with Other Miss. Financial Institution(s): From \_\_\_\_\_ To \_\_\_\_\_  
 Financial Institution \_\_\_\_\_ Town \_\_\_\_\_  
 Will \_\_\_\_\_ Will not \_\_\_\_\_ attend the 2019 convention.

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Name \_\_\_\_\_ Title \_\_\_\_\_  
 Years Service with Present Financial Institution: From \_\_\_\_\_ To \_\_\_\_\_  
 Years Service with Other Miss. Financial Institution(s): From \_\_\_\_\_ To \_\_\_\_\_  
 Financial Institution \_\_\_\_\_ Town \_\_\_\_\_  
 Will \_\_\_\_\_ Will not \_\_\_\_\_ attend the 2019 convention.

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Name \_\_\_\_\_ Title \_\_\_\_\_  
 Years Service with Present Financial Institution: From \_\_\_\_\_ To \_\_\_\_\_  
 Years Service with Other Miss. Financial Institution(s): From \_\_\_\_\_ To \_\_\_\_\_  
 Financial Institution \_\_\_\_\_ Town \_\_\_\_\_  
 Will \_\_\_\_\_ Will not \_\_\_\_\_ attend the 2019 convention.

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**Submitted by - Name:** \_\_\_\_\_  
**Financial Institution/City:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_  
 (Please make copies if additional space is needed.)

**NECROLOGY FORM**

(Please complete this form for any bank employee or director who died since June 1, 2018.)

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**PLEASE PRINT CLEARLY**

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Financial Institution \_\_\_\_\_ City \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Date of Death \_\_\_\_\_

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Name \_\_\_\_\_  
Title \_\_\_\_\_  
Financial Institution \_\_\_\_\_ City \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Date of Death \_\_\_\_\_

.....

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Financial Institution \_\_\_\_\_ City \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Date of Death \_\_\_\_\_

.....

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Financial Institution \_\_\_\_\_ City \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Date of Death \_\_\_\_\_

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**Submitted by - Name:** \_\_\_\_\_  
**Financial Institution/City:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_  
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