

# VIRGINIA BANKERS ASSOCIATION

## 2017 VBA Compensation Survey Order Form

**Name:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Send To:** \_\_\_\_\_  
**CEO Approval:** \_\_\_\_\_  
 (If not CEO above)

(Signature)

(Print Name)

**Mail To :** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

<u># of Copies</u>		<u>Participant Rate</u> (PDF file)	<u>Non-Participant Rate</u> (PDF file)	<u>Custom Report</u> (PDF file) <u>See below</u>		<u>Total</u>	
	@	\$250				\$	
	@					\$	
	@		\$500			\$	
	@					\$	
	@			\$400		\$	
	@					\$	
					Total	\$	
					Virginia State tax 5.3%	\$	
					Total Due	\$	

**Custom Report:** (Please allow at least 2 weeks for processing.)

Name the banks below to be included (*You must select a minimum of 5 banks that participated in the survey*):

	Bank Name	City		Bank Name	City
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

\_\_\_ Check or money orders made payable to **VBA Management Services, Inc.** is enclosed.

\_\_\_ VISA      \_\_\_ MasterCard      \_\_\_ American Express      \_\_\_ Discover

Card #: \_\_\_\_\_      Expiration Date: \_\_\_\_\_      Security Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_      Signature: \_\_\_\_\_

**For Security Purposes - Card Issuance Data:**

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Return to:**  
 Amy Binns  
 VBA Management Services, Inc.  
 4490 Cox Road  
 Glen Allen, Virginia 23060  
 Office: (804) 819-4726  
 Secure Fax: (804) 495-8495