



Application for Membership

Name of Company _____

(If you are joining as an individual, list your name below besides the Primary Contact Person. Company's are not listed for Individual members.)

Primary Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____ Email _____

Web Site: _____ LinkedIN _____ facebook _____

Home office address if different than above: _____

Included with your membership is the right to vote for the primary contact person, indicated above. In addition, you are allowed to add others in your company up to the amount included with your membership category. They will receive notices of seminars, events and newsletters. Please list additional company representative's information below to receive MBAF notifications. Include, name address, phone and email. Use a separate sheet if necessary.

List other organizations that you belong to: _____

In which of the following mortgage banking functions does your firm regularly engage.
(Please check all that are applicable) Originations Servicing Investing Other _____

Have any of your officers or your firm been involved in bankruptcy, insolvency, made assignment for benefit of creditors, or has been indicted for or charged publicly with fraud or misrepresentation?
 Yes No (If yes, please explain by letter)

Has FHA, VA, FNMA, GNMA, FHLMC ever suspended your firm? Yes No (If yes, explain by letter)

Send a company description in a word document to mbaf@mbaf.org to include in our online membership database that is viewable to others.

Applications for membership must be endorsed by a representative of at least two (2) regular members of this association. If you do not personally know two members please submit the application and we will forward it to the membership chair to receive these endorsements.

Endorsers Name and Company

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This is to certify that the "Name of Company" above pledges compliance with the principles of the MBA of Florida Code of Ethics and Standards of Practices.

Signature of Company Officer

Date



Annual Membership Category Definitions Dues Amounts and Information

Our fiscal dues year is July 1—June 30. On January 1st new member dues can be prorated to 50% of the applicable amount and will be invoiced the full amount in June to be payable July 1st.

Financial Institution Members: Business originations and financial institutions which are regularly engaged in the business of originating, servicing, investing in mortgage loans or other types of real estate finance. (Examples are mortgage companies, commercial banks, savings banks and savings and loan associates.)

- **Please note: Membership in the local chapters and national are separate from the state dues. However we have a special deal for any state financial institution or associate member company to pay a \$700 fee and your company and all reps are then a member of all SEVEN of our chapters. This is a great discount for you and especially if you have many reps attending several chapter events.**

- 1—10 employees \$400
- 11—20 employees \$800
- 21—30 employees \$1,200
- 31—100 employees \$1,600
- 101 or more employees \$2,000

Associate Members: Business entities which regularly provide products or services for business organizations or finance institutions eligible to be Category I members. (Examples are private mortgage insurance companies, title insurance companies, law firms, CPA firms, computer hardware and/or software companies, appraisal firms and life insurance companies.)

- Associate Members** \$600
- *Plus Join All Seven Chapter Memberships (in addition to your state dues)** \$700

(*Include all contact information to submit to the chapters. Send via excel or word to [mbaf@mbaf.org](mailto:mhaf@mbaf.org))

- **Also, financial institution and associate members:** Please send a company description via a word document to [mbaf@mbaf.org](mailto:mhaf@mbaf.org) to be included on the members area of the online database.

Individual Members can be from either category. You will be listed in the membership directory by your name not the company.

- Individual Members** \$200

VISA/MC/AMEX Credit Card # _____ Expiration: _____

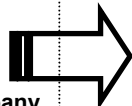
Verification Code: _____ E-Signer of Card Holder: _____

PLEASE PRINT Name as it appears on the card: _____

Credit Card Billing Address and Phone Number of Card Holder (indicate only *if different from Main Contact*)

_____ Is this a corporate card? _____

Mail application / make checks payable to:
Mortgage Bankers Association of Florida
P.O. Box 592245
Orlando, FL 32859-2245
PH: 407-855-6155 FAX: 321-445-4699
Email: [mbaf@mbaf.org](mailto:mhaf@mbaf.org)
Or you can submit online but first
save the application using your company
name, fill in the information and click the
submit button, the form goes directly to
[mbaf@mbaf.org](mailto:mhaf@mbaf.org)



Office Use Only

Date Application Received: _____

Check/CC: _____

Amount: _____

Tax Deductible as a Business Expense—Not as a Charitable Contribution

Estimate 25%