



## Application for Membership

Name of Company \_\_\_\_\_

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

Primary Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Web Site \_\_\_\_\_ LinkedIn \_\_\_\_\_ Facebook \_\_\_\_\_

The primary contact person, listed above, will be the voting member of your company. In addition to the primary contact you are allowed to add others from your company who would like to receive notices of seminars, events and newsletters. List additional company representative's names and email addresses below to receive MBAT notifications. Use a separate sheet, if necessary. This service is not available for individual membership.


List other organizations that you belong to: \_\_\_\_\_

### FOR FINANCIAL INSTITUTION MEMBERS ONLY:

In which of the following mortgage banking functions does your firm regularly engage:

(Please check all that are applicable: Originations \_\_\_\_\_ Servicing \_\_\_\_\_ Investing. Other \_\_\_\_\_)

Has your firm or any of your officers or directors been involved in bankruptcy, insolvency, made assignment for benefit of creditors or been indicted for or charged with fraud or misrepresentation? YES NO (if yes, explain by letter)

Has FHA, VA, FNMA, GNMA FHLMC ever suspended your firm? YES NO (if yes, explain by letter)

Application for membership must be endorsed by a representative of at least two (2) financial institution members of this association. If you are not personally known by two financial services members, please submit the application and the membership chair will present to the Board in order to receive these endorsements.

\_\_\_\_\_  
Endorsers Name and Company

\_\_\_\_\_  
Endorsers Name and Company

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

\_\_\_\_\_  
Signature of Company Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Company Officer

\_\_\_\_\_  
Date



## Annual Membership Dues and Information

Our fiscal dues year is July 1-June 30. On January 1<sup>st</sup> 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 1<sup>st</sup>.

### Important Membership Category Definitions and Dues Amounts

#### FINANCIAL INSTITUTION MEMBER

**Financial Institution Member:** Business Organizations and Financial Institutions which are regularly engaged in the business of originating, servicing or investing in residential or commercial mortgage loans or other types of real estate finance (Examples are mortgage companies, commercial banks, savings banks, credit unions, mortgage brokers and savings & loan associations.)

\*Please note: Membership in the MBA of Florida as well as MBA of America are separate from the local dues. **You must also join the MBA of Florida if you are a Financial Institution Member – see by-laws & MBAF Application.**

- Dues-----\$250.00

#### ASSOCIATE MEMBER

**Associate Member:** Business entities which regularly provide products or services to business organizations or financial institutions eligible to be Financial Institution Members of the association. (Examples are private mortgage insurance companies, title insurance companies, law firms, CPA firms, computer hardware and/or software companies, appraisal firms, insurance companies, real estate agents and/or companies.)

- Dues-----\$175.00

#### INDIVIDUAL MEMBER

**Individual Member:** Persons who wish to be a part of MBAT but whose firms choose not to join.

- Dues-----\$ 75.00

VISA/MC/AMEX CARD# \_\_\_\_\_ Expiration \_\_\_\_\_

Security Code \_\_\_\_\_ E-Signer of Card Holder \_\_\_\_\_

PRINT NAME AS IT APPEARS ON CARD: \_\_\_\_\_

#### MAIL APPLICATION & MAKE CHECKS PAYABLE TO:

**Mortgage Bankers Association of Tallahassee**

**Jay Ralstin, Membership Chair**

**Capital City Home Loans**

**1545 Raymond Diehl Rd. - Suite 110**

**Tallahassee, FL 32308**

**Cell - 850-509-1154, Office and FAX -850-427-8963,**

**Email: jralstin@cchl.com Website: mbaot.org**

Office Use Only:

Date Received \_\_\_\_\_

Check/CC: \_\_\_\_\_

Amount: \_\_\_\_\_

Tax Deductible as a Business Expense-Not as a Charitable Donation