



MEMBERSHIP APPLICATION

Company Name: _____

Delegate (Primary Contact): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Select one:

Regular Member: company originating and/or servicing 1st mortgage loans

Bank Credit Union Mortgage Lender Mortgage Broker Wholesale Lender

Please provide: MA Lenders License # _____ MA Brokers License# _____

Affiliate Member: company providing services to industry

Appraiser/AMC Attorney Closing Services Computer Software/Support Accountant

Credit Bureau/Credit Reporting Document Preparation Lender Services Mortgage Consulting

Mortgage Insurance Real Estate Services Title Insurance Other: _____

Individual Membership for Licensed Mortgage Loan Originators: NMLS # _____

*List two members of the MMBA (one must be a MMBA Regular Member) willing to provide a recommendation for you

(Required)

Name: _____ Company: _____ Phone: _____

Name: _____ Company: _____ Phone: _____

The applicant certifies that his/her license to do business has never been revoked or rescinded by any state, federal agency, FNMA or FHLMC and that the applicant acknowledges full compliance with United States and Massachusetts statutory and regulatory obligations as enforced by the appropriate federal agencies and the Massachusetts Division of Banks and the Attorney General. The applicant also acknowledges that approval for membership rests solely with the MMBA Board of Directors and that the final outcome of the Board's vote will be made known. Furthermore, when approved, the applicant is responsible for and agrees to comply with the Association's By-Laws, Canons of Ethics and Standards of Practice. Membership may be revoked by the Association with or without cause by a vote of the majority of the Board (By-laws: Article III, Section 6)

Signature of Delegate: _____ Date: _____

MEMBERSHIP DUES INVOICE:

Regular member: \$435 (up to 15 employees) \$765 (15 – 29 employees) \$1,095 (30 or more employees)

Affiliate Member: \$435 (up to 5 employees) \$765 (over 5 employees)

Individual Membership for Licensed MLO's \$115

Amount: \$ _____ Enclosed or charge to AMEX Discover MasterCard Visa

Cardholder Name: _____

Card #: _____ Expiration Date: _____

It is estimated that 25% of your dues payment is allocable to Association lobbying expense and is not deductible under provisions of the Internal Revenue Code Contributions or gifts to MMBA are not tax deductible as charitable contributions. However, they may be tax deductible under other provisions of the Internal Revenue Service Code.

All information must be completed in full prior to the application being submitted for membership!

**Email application to Jenn Couldren jenn@massmba.com
Or Mail Check to MMBA 185 Devonshire Street Suite 703 Boston, MA 02110**