

APPLICATION FOR
 ASSOCIATE
MEMBERSHIP

MORTGAGE BANKERS
ASSOCIATION OF THE CAROLINAS, INC.

Name of Applicant Organization _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ FAX (____) _____ Corporation Partnership Individual

E-Mail Address _____

Type of Business _____ Date Organized _____

Name of Owners and Managing Officers	Position in Company	How Long Active		Percent of Ownership
		In Company	In Industry	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Individual to receive MBAC mailings (include address, phone, fax, email) _____

Have any officers of the applicant ever been involved in bankruptcy, insolvency, made assignment for benefit of creditors, or been indicted for or charged publicly with fraud or misrepresentation? Yes No (If yes, explain in separate letter)

The undersigned hereby applies for membership in the Mortgage Bankers Association of the Carolinas, Inc., (MBAC) and affirms that the applicant is in accord with and conducts its business in conformity with the purposes of the MBAC Canon of Ethics and Standards of Practice.

Name of Applicant Organization _____

Signed by: _____ Title: _____ Date: _____

AUTHORIZATION FOR INVESTIGATION AND RELEASE OF INFORMATION

The undersigned hereby authorizes the Mortgage Bankers Association of the Carolinas, Inc. to investigate the applicant, and authorizes the Federal National Mortgage Association, Federal Home Loan Mortgage Corporation, Government National Mortgage Association and/or other organizations having a business relationship with the application organization to release business related information to the Mortgage Bankers Association of the Carolinas, Inc., in connection with this application for membership.

Name of Applicant Organization _____

Address _____

Signature _____ Title _____ Date _____

MORTGAGE BANKERS

ASSOCIATION OF THE CAROLINAS, INC.

Nov. 1, 2018 thru Oct. 31, 2019

Associate Member

Associate..... \$ 750

Name _____

Company _____

Address _____

Telephone _____ Fax _____

Email _____

Membership dues are due upon receipt and may be paid by one of the following methods:

Check Master Card Visa American Express

Credit Card # _____ Expiration Date _____ Security Code _____

Name as it appears on Card _____

Exact Billing Address for Card _____

Checks should be made payable to:

MBAC, Inc.

P.O. Box 1511

Huntersville, NC 28070

(817) 319-9700

(704) 625-7195 Fax

robinW@mbac.org