

**APPLICATION
FOR
INDIVIDUAL
MEMBERSHIP**

**MORTGAGE BANKERS
ASSOCIATION OF THE CAROLINAS, INC.**

Name of Applicant _____

Name of Company _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____ FAX (____) _____

E-Mail Address _____

Type of Business _____ Date Organized _____

Position within Company _____

Have you 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 his/her business in conformity with the purposes of the MBAC Canon of Ethics and Standards of Practice.

Signed by: _____ 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 _____

Name and Title _____

Address _____

Date _____ Signature _____

This application must be accompanied by a resume of the individual applying for membership.
The application can not be processed until this information has been received in the MBAC Office.

RETURN COMPLETED APPLICATION TO:

MBAC, INC.

P.O. Box 1511

Huntersville, NC 28070

(819) 319-9700 ▪ (704) 625-7195

E-mail: robinW@mbac.org

www.mbac.org

MORTGAGE BANKERS
ASSOCIATION OF THE CAROLINAS, INC.

Nov. 1, 2018 thru Oct 31, 2019

Dues
Individual
Member

Individual \$250.00

Name _____

Company _____

Address _____

Telephone _____ Fax _____

Email _____

Membership dues are payable upon receipt and may be paid by one of the following: **Please provide exact billing address for card.**

Check Master Card Visa American Express

Credit Card # _____ Expiration Date _____ Security Code _____

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