

APPLICATION

FOR

Single Branch

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) _____

Are You – An FHA Approved Mortgagee? _____ FHA # _____ Date Approved _____

VA Approved Lender? _____ Date Approved _____

Approved FNMA Seller/Servicer? _____ FNMA # _____ Date Approved _____

Approved GNMA Issuer? _____ Date Approved _____

Approved FHLMC Seller/Servicer? _____ FHLMC # _____ Date Approved _____

Have you ever been denied FHA/VA/FNMA/GNMA/FHLMC approval or has your approval ever been suspended or terminated? Yes No (If yes, explain in separate letter)

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)

Number of Branches operating in North Carolina and South Carolina _____

Location of Offices _____

Other organizations applicant belongs to _____

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: _____

continued

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 _____

This application must be accompanied by a resume of the managing partners of the firm 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

(817) 319-9700 ▪ (704) 625-7195

E-mail: robinW@mbac.org

www.mbac.org

(1) COMPANIES WITH 15 OR LESS EMPLOYEES PAY

(2) COMPANIES WITH 16 OR MORE EMPLOYEES PAY:

A. BASE DUES, plus B and C (as applicable) \$750

B. RESIDENTIAL DUES (Payable on Originations or Servicing, whichever is greater; please check appropriate category.)

ORIGINATION VOLUME OR
Residential Production (originated, purchased, or funded) on properties in NC and SC for the period 7/1/17- 6/30/18

SERVICING VOLUME
Residential Servicing (for others) on properties in NC and SC as of 6/30/18

North Carolina x \$4.25 per million = \$ _____
South Carolina x \$4.25 per million = \$ _____

C. INCOME PROPERTY DUES (Payable on Originations or Servicing, whichever is greater; please check appropriate category.)

ORIGINATION VOLUME OR
Income Property Production (originated or purchased) on properties in NC and SC for the period 7/1/17- 6/30/18

SERVICING VOLUME
Income Property Servicing (for others) on properties in NC and SC as of 6/30/18

North Carolina _____ x \$2.00 per million = \$ _____
South Carolina _____ x \$2.00 per million = \$ _____

D. TOTAL OF A, B, AND C (Round to nearest dollar) = \$ _____
(Maximum amount due - \$5,000) (DUE UPON RECEIPT)

Dues Calculation Prepared By:

Name and Title

NAME OF COMPANY _____

ADDRESS _____

TELEPHONE _____

FAX _____

EMAIL _____

Credit Card Billing Address: _____

You may pay membership dues by: 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(819) 319-9700 - (704) 625-7195 Fax

robinW@mbac.org