

APPLICATION FOR

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

ASSOCIATE

AFFILIATE

MEMBERSHIP

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 In Company	Active In Industry	Percent of Ownership
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 _____

continued

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.

REQUEST FOR SPONSORSHIP INFORMATION

The following MBAC members* have agreed to sponsor my application for membership:

Name _____

Title _____

Company _____

Address _____

Phone (____) _____ FAX (____) _____

Name _____

Title _____

Company _____

Address _____

Phone (____) _____ FAX (____) _____

*Sponsoring MBAC members must hold positions at the Vice President level or above, at different MBAC member firms, not affiliated with the applicant, one of which must be a Regular member of MBAC. MBAC will contact the sponsors to verify their familiarity with the applicant's business practices.

RETURN COMPLETED APPLICATION TO:

MBAC, INC.

P.O. Box 2588

Mount Pleasant, SC 29465

(843) 303-5705 ▪ (704) 625-7195

E-mail: rbm@mbac.org

www.mbac.org