

MORTGAGE BANKERS
ASSOCIATION OF THE CAROLINAS, INC.

2011 Dues
Individual
Member

Individual \$250

Name _____

Company _____

Address _____

Telephone _____ Fax _____

Email _____

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

Check Master Card Visa American Express

Credit Card # _____ Expiration Date _____

Checks should be made payable to:
MBAC, Inc.
P.O. Box 2588
Mount Pleasant, SC 29465
(843) 303-5705
(704) 625-7195 Fax
rbm@mbac.org

**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 Cannon 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.

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