



Application for MBAG Membership

**Please check one:**

- Regular**  
 **Associate**  
 **Regular-Independent**

**ALL MBAG memberships are company memberships. There are no individual memberships in MBAG.**

Name of Applicant company \_\_\_\_\_

PO Box Address \_\_\_\_\_ City/St. \_\_\_\_\_ Zip \_\_\_\_\_

Street Address \_\_\_\_\_ City/St. \_\_\_\_\_ Zip \_\_\_\_\_

Tel: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Company website: \_\_\_\_\_

Primary AP/admin contact: \_\_\_\_\_

Primary AP/admin email: \_\_\_\_\_

(Note: your company's name will appear as a clickable hyperlink on the MBAG website unless you instruct otherwise.)  Do not link my company's website on www.mbag.org.

Type of Business \_\_\_\_\_ Number of Employees \_\_\_\_\_

Date organized: \_\_\_\_\_ Territory of operations: \_\_\_\_\_ # of branches: \_\_\_\_\_

Is there a current MBAG member whom we may thank for your referral? \_\_\_\_\_

Corporation  Partnership  Individual

**Please read and check:**  I understand that by providing my mailing address & contact information, I consent to receive communications sent by or on behalf of MBAG (and its subsidiaries and affiliates) via email, telephone, and/or fax.

<b>FOR LENDERS:</b>	Number of originators _____
GRMA # _____	NMLS# _____

Company officers/ managing officers	Position	Time active in company (yrs.)	Time active in Industry (yrs.)	Percent ownership

Voting Delegate (Main contact between your company & MBAG) \_\_\_\_\_

Alternate Voting Delegate \_\_\_\_\_

Please list any other organizations to which you belong: \_\_\_\_\_

**(MORE)**

If you are applying for regular membership, are you an approved:			
FHA mortgagee	Y <input type="checkbox"/>	N <input type="checkbox"/>	Date approved: _____
FHA number (if applicable)	_____		
VA lender	Y <input type="checkbox"/>	N <input type="checkbox"/>	Date approved: _____
FNMA seller/servicer	Y <input type="checkbox"/>	N <input type="checkbox"/>	Date approved: _____
GNMA issuer	Y <input type="checkbox"/>	N <input type="checkbox"/>	Date approved: _____
FHLMC seller/servicer	Y <input type="checkbox"/>	N <input type="checkbox"/>	Date approved: _____

**Certification 1:** Have you ever been denied FHA/VA/FNMA/FHLMC approval or has your approval ever been suspended or terminated? (Lenders only)  N  Y (If yes, explain in a separate letter.)

**Certification 2:** Have any of your officers or the applicant ever been involved in bankruptcy, made assignment for benefit of creditors, or been indicted or charged publicly with fraud or misrepresentation?  N  Y (If yes, explain in a separate letter.)

**Certification 3:** I hereby apply for membership in the Mortgage Bankers Association of Georgia and; I have read the Canons of Ethics & Standards of Practice of the Association, for myself, and the corporation, firm or partnership I represent, and do hereby subscribe to and agree to be bound by said Canons of Ethics & Standards of Practice as they now exist or as they may be from time to time amended.  N  Y

I hereby authorize the Mortgage Bankers Association of Georgia to investigate the applicant, including but not limited to obtaining a credit report on the applicant, and authorize Fannie Mae, Freddie Mac, Ginnie Mae and/or other organizations having a business relationship with the applicant organization to release business-related information to the Mortgage Bankers Association of Georgia in connection with this application for membership.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

-THE MEMBERSHIP APPLICATION PROCESS & DUES INFORMATION-

**Please forward a copy of your company logo to [mbag@mbag.org](mailto:mbag@mbag.org). This is very important.**

After a completed application is received, the applicant’s info is forwarded to the Membership Committee chair and the MBAG Board of Governors for consideration. When an application is approved, the new member will be billed for annual dues, which are payable within 30 days of the billing date. **Membership does not become effective until initial dues are received.**

The MBAG membership year runs from July 1 through June 30 each year. Dues are pro-rated once per year. Those joining after Dec. 31 will pay one-half year’s dues. Some special consideration is given for those joining as late as April. Check with a member of MBAG staff for information.

**PLEASE ATTACH A COPY OF YOUR GEORGIA LENDERS OR BROKERS LICENSE (IF APPLICABLE)**

**Don’t forget to send a copy of your company’s logo to the email address below.**

**Return application and necessary documents to MBAG at the address below.**

**Thank you for your interest in MBAG-We look forward to meeting you!**



# MBAG MEMBER CONTACT SHEET

Please provide us with the contact information for any employees or representatives for your company.

These will be added to our online member directory, and will be the recipients of all MBAG newsletters, invitations, and special notices. Please be as thorough as possible. You may provide as many names as you wish, but please try to provide at least **three**, if applicable. Thank you!

**Company:** \_\_\_\_\_

Name: \_\_\_\_\_

Title/ Position: \_\_\_\_\_

Street address: \_\_\_\_\_

City/ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred phone: \_\_\_\_\_ o  c

\* \* \*

Name: \_\_\_\_\_

Title/ Position: \_\_\_\_\_

Street address: \_\_\_\_\_

City/ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred phone: \_\_\_\_\_ o  c

\* \* \*

Name: \_\_\_\_\_

Title/ Position: \_\_\_\_\_

Street address: \_\_\_\_\_

City/ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred phone: \_\_\_\_\_ o  c

Please make copies of this sheet if necessary.