



Application for MBAG Membership

Please check one:

Regular _____

Associate _____

Name of Applicant company _____

PO Box Address _____ City/St. _____ Zip _____

Street Address _____ City/St. _____ Zip _____

Tel: (_____) _____ - _____ Fax: (_____) _____ - _____

Email: _____

Website: _____ Please link on MBAG website

Please read and check: I understand that by providing my mailing address, telephone/fax number, I consent to receive communications sent by or on behalf of the Mortgage Bankers Association of Georgia (and its subsidiaries and affiliates) via email, telephone, and/or fax.

Corporation Partnership Individual Residential Mortgage License _____

Type of Business _____ Number of Employees _____

Date Organized _____ Territory of Operations _____ # of branches _____

Company Officers & Managing officers	Position In Company	How Long Active In Company/Industry	Percent Ownership
_____	_____	_____/_____	_____
_____	_____	_____/_____	_____
_____	_____	_____/_____	_____

Name of Official Representative (Voting Delegate) _____

Alternate Voting Delegate _____

Names & email of Employees to be included on the MBAG mailing list: You are strongly encouraged to put at least one person at each branch on the mailing list. Use the attached sheet if necessary.

1: _____ email: _____

2: _____ email: _____

3: _____ email: _____

Please list any other organizations to which you belong: _____

If you are applying for regular membership, are you:

An FHA-Approved Mortgagee? No Yes: Date Approved _____ FHA# _____

A VA- Approved Lender? No Yes: Date Approved _____

Approved FNMA Seller/Servicer? No Yes: Date Approved _____

Approved GNMA Issuer? No Yes: Date Approved _____

Approved FHLMC Seller/Servicer? No Yes: Date Approved _____

Loans Serviced For: *

*If you are servicing loans for investors, this portion must be filled in. Name investors.

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

If applying for Regular Membership: have you ever been denied FHA/VA/FNMA/FHLMC approval or has your approval ever been suspended or terminated? N Y (If yes, explain in a separate letter.)

If applying for Regular OR Associate Membership: 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.)

The undersigned hereby applies for membership in the Mortgage Bankers Association of Georgia and; the undersigned, having read the Canons of Ethics & Standards of Practice of the Association, for himself, and the corporation, firm or partnership he represents, does hereby subscribe to and agrees 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.

The undersigned hereby authorizes the Mortgage Bankers Association of Georgia to investigate the applicant, including but not limited to obtaining a credit report on the applicant, and authorizes 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.

Name of Applicant Company _____

Signature _____ Title _____ Date _____

-MEMBERSHIP APPLICATION CHECKLIST-

If you are applying for **Regular Membership**, the following documents must be attached to your completed application form before this application can be presented to the Board of Governors:

- Proof of no less than three years experience in first mortgage lending by company or the manager.
- A resume of the company owner or senior manager.
- A copy of your State of Georgia Lenders or Brokers License (If applicable)
- ~~A one-time Application Fee in the amount of \$100.~~ **Currently waived for new members**

If you are applying for **Associate Membership**, the following documents must be attached to your completed application form before this application can be presented to the Board of Governors:

- A resume of the owner or senior manager of the company's Georgia office
- ~~A one-time Application Fee in the amount of \$100.~~ **Currently waived for new members**

-THE MEMBERSHIP APPLICATION PROCESS & DUES INFORMATION-

After a completed application is received, the applicant is screened by the Membership Committee and the pending application published in the MBAG's monthly newsletter to notify the MBAG membership of the application. The pending application is then presented to the next meeting of the 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. 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 refer to www.mbag.org for the dues amount.***

Return application, documents, & application fee to us at the address below.

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

MORTGAGE BANKERS ASSOCIATION OF GEORGIA, INC.
POST OFFICE BOX 801 MACON, GA 31202-0801
OFFICE 478-743-8612 FAX 478-743-8278 www.mbag.org EMAIL mbag@mbag.org

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: _____

Office PH: _____ FX: _____

Cell, if desired: _____ preferred

* * *

Name: _____

Title/ Position: _____

Street address: _____

City/ St: _____ Zip: _____

Email: _____

Office PH: _____ FX: _____

Cell, if desired: _____ preferred

* * *

Name: _____

Title/ Position: _____

Street address: _____

City/ St: _____ Zip: _____

Email: _____

Office PH: _____ FX: _____

Cell, if desired: _____ preferred