



MEMBERSHIP APPLICATION

Membership in the Florida Association of Mortgage Professionals is not transferrable.

MR./MRS./MS. FIRST NAME		LAST NAME	
<input type="text"/>		<input type="text"/>	
MLO LICENSE #	NMLS ID #	CERTIFICATIONS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
EMAIL		JOB TITLE	
<input type="text"/>		<input type="text"/>	
PREFERRED PHONE	ALTERNATE PHONE	FAX	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
PREFERRED BUSINESS ADDRESS		CITY	STATE ZIP + 4
<input type="text"/>		<input type="text"/>	<input type="text"/>
COMPANY NAME		WHAT PRIMARY LOAN TYPES APPLY TO YOUR BUSINESS? (if applicable)	
<input type="text"/>		<input type="checkbox"/> BCD <input type="checkbox"/> FHA <input type="checkbox"/> Jumbo <input type="checkbox"/> Commercial <input type="checkbox"/> Home Equity <input type="checkbox"/> Reverse <input type="checkbox"/> Conforming <input type="checkbox"/> Hard Equity <input type="checkbox"/> VA <input type="checkbox"/> Construction	
COMPANY WEBSITE		WHAT SERVICES APPLY TO YOUR BUSINESS? (if applicable)	
<input type="text"/>		<input type="checkbox"/> Appraiser <input type="checkbox"/> Environmental <input type="checkbox"/> Wholesale Lender <input type="checkbox"/> Compliance <input type="checkbox"/> Surveyor <input type="checkbox"/> Wholesale Sales Rep <input type="checkbox"/> Credit Services <input type="checkbox"/> Title <input type="checkbox"/> Other	
Who/what referred you to FAMP?			
<input type="text"/>			

MEMBERSHIP TYPE: Pay/Renew

- PROFESSIONAL*** \$127
- PROFESSIONAL 2-YEAR*** \$219
- AFFILIATE MEMBER** \$127
- ASSOCIATE MEMBER** \$50
- PROFESSIONAL* (NEWLY LICENSED)** \$0
- STATEWIDE MEMBERSHIP PLAN** \$2000

- I'd like to become a member of NAMB (+\$120)
- I'd like to become a partner of the FAMP PAC (+\$25)

* Professional Members: Please attach a copy of your license. If you are the owner of a Florida lender licensee, we require a letter stating what percentage of ownership you retain in the company. Please sign and date this certification letter.

YOUR CHAPTER

- NORTHWEST
- JACKSONVILLE
- GULF COAST
- CENTRAL
- SPACE COAST
- SUN COAST
- GOLD COAST
- SOUTHWEST
- MIAMI

FIND YOUR MEMBERSHIP TYPE:

PROFESSIONAL*: Individuals licensed as a Florida mortgage loan originator and individuals owning 10% or more of a Florida Broker or Lender Licensee may apply for professional membership. See website for more details.

AFFILIATE: Anyone who works for a support company may apply for Affiliate Membership. When affiliates use the logo of the Association, the logo must contain the word "Affiliate." See website for more details.

ASSOCIATE: Anyone not eligible for professional membership, whose primary job is that of "mortgage loan originator" or any individual desiring membership for the purpose of supporting FAMP and attending FAMP functions, may apply for associate membership. See website for more details.

PROFESSIONAL* NEWLY-LICENSED:

First-time membership for mortgage professionals who are newly licensed in Florida (the first time) for less than one year. See website for more details.

STATEWIDE MEMBERSHIP PLAN:

Membership for up to 20 members, companies can purchase up to 10 additional seats. See website for more details.

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I hereby make application for membership in the Florida Association of Mortgage Professionals and pledge myself, if accepted, to abide by the requirements of its bylaws, codes of ethics and best practices guidelines as they are now and as they may be amended. I hereby confirm that I have not been convicted of a crime in any jurisdiction involving a felony or which involves fraud, dishonest dealing or any other act of moral turpitude. Applicant acknowledges that the use of the Association logo is exclusive to members only, and applicant agrees to cease utilizing the logo upon termination of membership.

SIGNATURE DATE / /

METHOD OF PAYMENT Check/Money Order Visa Mastercard American Express

CARD NUMBER NAME ON CARD

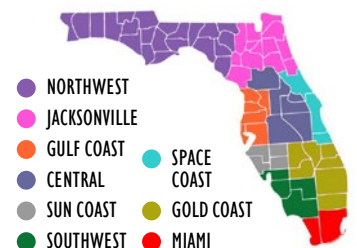
EXPIRATION (MM/YYYY) VERIFICATION CODE AUTHORIZING SIGNATURE

MAIL APPLICATION WITH PAYMENT TO: FAMP
113 South Monroe St.
Tallahassee, FL 32301

(If paying by Credit Card you can fax to: 1-850-254-9850)

QUESTIONS?
Call 1-850-942-6411 or visit www.ourfamp.org

FIND YOUR CHAPTER:



FAMP normally sends faxes during off-peak hours and regularly sends legislative updates via e-mail. If you do not wish to receive faxes or e-mail, do not provide us with the information. Fax and e-mail information is only available to our members. Consumers may not access that information. Home information is kept confidential. Membership dues are not deductible as a charitable contribution. A portion of your dues may be deducted as an ordinary business expense for federal tax purposes. Federal law prohibits the deduction from your taxes of that portion of member dues allocated to lobbying activities on behalf of its members. Actual percentages for each year for FAMP will be included in your new member packet and with your invoice statements each year.