



# MEMBERSHIP APPLICATION

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

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

**MEMBERSHIP TYPE:** ..... Pay/Renew

**PROFESSIONAL MEMBERSHIP** ..... \$99

**PROFESSIONAL MEMBERSHIP (2-YEAR)** ..... \$178

**AFFILIATE MEMBERSHIP** ..... \$99

**ASSOCIATE MEMBERSHIP** ..... \$99

**ASSOCIATE MEMBER (2-YEAR)** ..... \$178

**NEWLY LICENSED - ASSOCIATE MEMBER** ..... \$0

I'd like to become a member of NAMB ..... (+\$120)

I'd like to become a partner of the FAMP PAC\* ..... (+\$25)

**YOUR CHAPTER**

NORTHWEST

JACKSONVILLE

GULF COAST

CENTRAL

SPACE COAST

SUN COAST

GOLD COAST

SOUTHWEST

MIAMI

\*Contributions to FAMP PAC are voluntary and may be made in any amount. You may refuse to contribute to FAMP PAC without fear of disadvantage or reprisal. Funds raised for FAMP PAC are used for political purposes, specifically to support candidates for Florida state and local elected office who support mortgage professionals, consumers and small business. FAMP will not favor or disadvantage any member based on whether he or she contributes or how much is contributed. Contributions to FAMP PAC are not tax deductible.

## 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 and Affiliate Membership, or any individual desiring membership for the purpose of supporting FAMP and attending FAMP functions, qualifies for this membership. See Website for more details.

**NEWLY LICENSED - ASSOCIATE MEMBERSHIP:** Only available for first-time FAMP members who are newly licensed Florida Mortgage Loan Originators during their first year of licensure. See Website for more details.

## 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.

Application Updated: February 2019

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** \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP + 4 \_\_\_\_\_

**MAIL APPLICATION WITH PAYMENT TO:** FAMP 113 South Monroe St., 1st Floor 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](http://www.ourfamp.org)