MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT DATE ☐☐ – ☐☐ – ☐☐☐☐

☐ Mr. ☐ Ms. ☐ Mrs. MB – ☐☐☐☐☐☐☐☐☐☐ BROKER LICENSE # ☐☐☐☐☐☐ NMLS # CERTIFICATION(S)

NAME

☐☐☐ – ☐☐ – ☐☐☐☐ SOCIAL SECURITY NUMBER The State of Florida now requires that we report CE credits electronically. Licensed Brokers: Your license number is needed. Unlicensed Originators: Your SSN is required. Numbers will be kept confidential.

COMPANY ☐☐☐ – ☐☐☐ – ☐☐☐☐ WORK PHONE

JOB TITLE ☐☐☐ – ☐☐☐ – ☐☐☐☐ FAX

BUSINESS ADDRESS

CITY STATE ☐☐☐☐☐ – ☐☐☐☐ ZIP+4

E-MAIL

HOME ADDRESS ☐☐☐ – ☐☐☐ – ☐☐☐☐ HOME PHONE

CITY STATE ☐☐☐☐☐ – ☐☐☐☐ ZIP+4

NAME OF MEMBER WHO REFERRED YOU TO FAMB

ADDITIONAL PROFESSIONAL, ORIGINATOR & AFFILIATE MEMBERS: List name of qualifying member.

Preferred Mailing Address: ☐Home ☐Business

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.

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 (required) X

TO JOIN: (Check one)

PAY/RENEW

☐ Professional.....$195
☐ Additional Professional.....$195
☐ Originator.....$195
☐ Affiliate Member.....$195
☐ Supporter Member.....$195

For the monthly plan please contact Amber Greene at 800-289-9983.

① 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.

② Individuals joining as Additional Professional Members must have an active FAMP Member to be eligible for the classification. Provide name of qualifying member – see above.

CHECK THE CHAPTER OF YOUR CHOICE

☐ Broward
☐ Capital City
☐ Central Florida
☐ Gulf Coast
☐ Jacksonville
☐ Miami
☐ Northwest
☐ Palm Beaches
☐ Southwest
☐ Space Coast
☐ Suncoast
☐ Treasure Coast
☐ Volusia

☐ Out of State (Out of State Members are encouraged to affiliate with a local chapter of their choice.)

BUSINESS DATA

Check only the primary loan type(s) that apply to your business (if applicable):

☐ BCD
☐ Commercial
☐ Conforming
☐ Construction
☐ FHA
☐ Home Equity
☐ Hard Equity
☐ Jumbo
☐ Reverse
☐ VA

Check only the services that apply to your business (if applicable):

☐ Appraiser
☐ Compliance
☐ Credit Services
☐ Environmental
☐ Surveyor
☐ Title
☐ Wholesale Lender
☐ Wholesale Sales Rep
☐ Other

METHOD OF PAYMENT (Check appropriate box.)

☐ Check or Money Order

☐ Visa ☐ MasterCard ☐ American Express

CARD NUMBER EXP. DATE

NAME ON CARD VERIFICATION CODE(REQUIRED)

SIGNATURE (REQUIRED)

DUES PAID: $

MAIL APPLICATION WITH PAYMENT TO:
FAMB
1292 Cedar Center Drive
Tallahassee, FL 32301

If paying by Credit Card, you may fax to: (850) 942-4654.

Questions?
Call 1-800-289-9983 or visit www.famp.org.

MEMBERSHIP CLASSIFICATION

Membership in the Florida Association of Mortgage Professionals is by individual only.

PROFESSIONAL
Individuals licensed as a mortgage broker by the State of Florida and individuals owning 25% or more of either a State of Florida Correspondent Mortgage Lender Licensee or a Mortgage Lender Licensee may apply for Professional membership. Licensed brokers must attach a copy of their broker license to the application. Lender licensees must furnish a statement certifying ownership in the licensee. Professional members should be actively engaged in the business of brokering, originating or funding mortgages. This membership has full voting rights in the affairs of the Association.

ADDITIONAL PROFESSIONAL
An individual licensed as a mortgage broker by the State of Florida, or an individual who owns 25% or more of an interest in a Florida Lender Licensee may apply. To qualify for this membership, the company must have a minimum of one current professional membership. All other conditions of professional membership apply.

ORIGINATOR
Anyone whose primary job is that of "loan originator" may apply for membership. This person must be working for a State of Florida correspondent lender or mortgage lender and is not licensed as a Florida mortgage broker. When originators use the logo of the Association, the logo must contain the word "Originator."

AFFILIATE MEMBER
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."

SUPPORTER MEMBER
Any individual who is not a licensed mortgage broker. Individual does not qualify for membership in the other categories and wishes to participate in FAMB activities.

★ ***Memberships are not Transferable*** ★