



# 2008 Affiliate Membership Application

Mr.                       Mrs.                       Ms.

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

Preferred Nickname/badge name (if applicable): \_\_\_\_\_

Title: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax\*: \_\_\_\_\_

Email\*: \_\_\_\_\_ Home Zip + 4 \*\* \_\_\_\_\_ - \_\_\_\_\_

Web Site Address: \_\_\_\_\_

**Referred By:** \_\_\_\_\_

*\* WAMB & NAMB normally send faxes during off-peak hours. NAMB generally sends legislative updates via email.*

*\*\* NAMB requests your home "Zip+4" so that they can note the Congressional districts of their members.*

**Application submitted for State & National Membership:**

- Diamond Affiliate Member - \$5,000
- Platinum Affiliate Member - \$2,500
- Affiliate Member - \$615
- Affiliate Assoc. Member - \$140

**State Only Membership**

- N/A
- N/A
- Affiliate Member - \$520
- Affiliate Assoc. Member - \$95

*NOTE: The above membership dues are valid until December 31, 2008*

**Affiliate Applicants:**

- Wholesale Lender                       Financial Institution                       Attorney                       Appraiser
- Software Co.                       Title Company                       Credit Reporting Service

Other: \_\_\_\_\_

**Total Enclosed:** \_\_\_\_\_

\_\_\_ Check    \_\_\_ VISA    \_\_\_ MASTERCARD    \_\_\_ AM. EXP.    \_\_\_ DISCOVER

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature (I hereby authorize the above charges): \_\_\_\_\_

*With this form, you are applying for membership in the Wisconsin Association of Mortgage Brokers (WAMB) (and the National Association of Mortgage Brokers (NAMB) if applicable). Your membership fee will cover the cost of membership in both organizations if you are paying the fee denoted in the second column as including national. NAMB will receive your contact information and national fee from WAMB within 30 days. If you have any questions regarding your NAMB membership, please call NAMB 703-610-9009.*

I hereby apply for WAMB (and NAMB if selected above) and pledge to abide by the requirements of the Code of Ethics and best business practices guidelines. I also pledge to support the bylaws and board policies, as they are now and as they may be amended.

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

Please mail dues payment to:                      WAMB, 16 N. Carroll St. Suite 900, Madison, WI 53703

**\*Please note\***

*WAMB & NAMB dues are not deductible as a charitable contribution for Federal income tax purposes, but may be partially deductible as a business expense. WAMB estimates that for 2008, 46.2% of your dues are not deductible because they are related to lobbying activities on behalf of its members.*