

Guidelines for mail/FAX membership application & renew:

Please print the application on the second page of this download.

mail or FAX your completed form and payment** to:

Mail:

Arizona Association of Mortgage Professionals

PO Box 487

Peoria, Arizona 85380-0487

FAX: 623-972-6192

Please make sure you sign the completed form.

**You may pay by check or credit card

(MC-VISA-AMEX-DISCOVER)

If you are **paying by credit card**, please include the full name on the card, the entire account number and the expiration date in a legible format.

Questions about the membership application can be e-mailed to:

AzAMP's Executive Director: DDumnich@cox.net

Or contact AzAMP at: 623-972-6180

PLEASE NOTE:

Membership in AzAMP is subject to approval by the Board of Directors.

Membership requires agreement from the applicant to abide by AzAMP's code of ethics and by-laws.

Professional membership requires proof of current licensure or employment by a currently licensed mortgage broker or mortgage banker.

Membership fees are NOT refundable.

Complete information regarding membership in AzAMP can be read in the current AzAMP by-laws.



ARIZONA ASSOCIATION OF MORTGAGE PROFESSIONALS

P.O. Box 487, Peoria, AZ 85380-0487

Phone 623 972 6180 Fax 623 972 6192

www.azamp.org e-mail Ddumnich@cox.net



2011 AZAMP/NAMB MEMBERSHIP APPLICATION

NAMB and AZAMP are "Individual Member" Societies. With this form, you are applying for membership in the Arizona Association of Mortgage Professionals (AZAMP) and the National Association of Mortgage Brokers (NAMB). Your membership fee will cover the cost of membership in both organizations. If you have questions regarding your national membership, please call NAMB at 703-342-5900. Please type or print the information requested only for one individual. Please make copies of this form as needed.

Please PROVIDE ALL INFORMATION. Your application must be filled out completely and signed.

Name: Select one: Mr./Mrs./Ms: _____ NAMB Certifications (if any) _____

Company Name _____ License # (if applicable) _____

Job Title _____ Legislative District (if known) _____ Referred By _____

Street Address _____ City _____ State _____ Zip _____ - _____

Telephone _____ Fax _____ E-mail _____

RESIDENCE address _____ City _____ State _____ Zip _____

YOUR RESIDENCE INFORMATION WILL BE USED ONLY BY AZAMP AND WILL NOT BE DISTRIBUTED.

Membership Type: Select one:

___ Prof I (Professional I) \$365 (\$390 if new); ___ Prof II * (Professional II) \$265 (\$290 if new);

For Prof I member, please include a copy of the MBroker or MBanker license showing your name as licensee or as Responsible Individual. For Prof II member please include a letter from your employer along with a copy of the MBroker or MBanker license showing the name of the person signing the letter.

___ Assoc (Associate) \$130; ___ LO (Loan Originator) \$130;

For LO member, please include a copy of your LO license. Assoc member, please include a letter from your employer signed by the RI, stating you are an employee in good standing and please include a copy of the MBroker or MBanker license that contains the RI's name.

___ Aff I (Affiliate I) \$365; ___ Aff II * (Affiliate II) \$175

* IF YOU ARE PROF II, OR AFF II, PLEASE GIVE YOUR COMPANY'S PROF I OR AFF I MEMBER'S NAME:

Designated a Chapter: Part of your dues goes directly to the Chapter you designate. ___ Central (Phoenix area) ___ Southern (Tucson area)

Please sign me up to serve on the following committees: Membership and Benefits ___ Government Affairs ___ Events ___ By-Laws & Planning ___ Educations & Forms ___. I am interested in serving as an officer or Director at the Chapter ___ State ___ level.

By signing, I hereby apply for membership in the AZAMP and the NAMB for 2011 and pledge to abide by the requirements of AZAMP/NAMB code of ethics, and NAMB Best Business Practices guidelines. I pledge to support the bylaws and Board policies of both organizations, as they are now and as they may be amended. I also agree to receive faxes and/or e-mail from AZAMP and NAMB.

Applicant's signature (REQUIRED) _____ Date _____

Please make your check payable to "Arizona Association of Mortgage Professionals" or "AZAMP". To pay by check, mail this completed form, attachments and your check to the above address. To pay by credit card, complete the following, then fax in the form and the attachments. We accept Visa, Mastercard, American Express and Discover. You can also pay on line at www.azamp.org.

Number _____ Exp. Date _____ Sec Code _____ Cardholder Name _____

Card Holder Address _____ Card Holder Signature _____