



ASSOCIATE MEMBER APPLICATION - 2019

Associate Member -- \$800/Annual Membership

Name of Applicant _____

Name of Local Contact _____

Address _____

Telephone Number (____) _____ Fax Number (____) _____

E-mail Address _____

__ Individual __ Corporation __ Partnership __ Other

Please provide the following numbers if available:

Missouri Loan Originator License #: _____

National Loan Originator License # for the Company: _____

National Loan Originator License # for individuals: _____

If a corporation, please provide name of CEO: _____

If a partnership, please provide name of managing partner: _____

Has applicant, CEO, or managing partner ever declared bankruptcy? _____

The following questions must be answered:

1) Length of time in present continuing business? _____
(If less than 5 years, do you have prior experience in mortgage banking? Use a separate piece of paper if necessary) _____

2) Does the applicant originate and service mortgage loans for any investors?

__ Yes __ No

If "yes"

Is the applicant an authorized correspondent of an institutional investor?

__ Yes __ No

If so, for who and for how long?

Correspondent to _____ for _____ years

Correspondent to _____ for _____ years

Correspondent to _____ for _____ years

3) Is the applicant an FHA Mortgagee? __ Yes __ No

Is the applicant an approved FANNIE MAE seller/servicer? __ Yes __ No

Is the applicant an approved FREDDIE MAC seller/servicer? __ Yes __ No

4) Describe company's principle business: _____

5) What types of mortgage banking activities do you (plan to) have in St. Louis?

6) What is your reason for wanting to become a member of the Mortgage Bankers Association of St. Louis? _____

7) Are you a member of the MBA of America? Yes No

By signing below, I authorize the Mortgage Bankers Association of St. Louis to check credit with Dunn and Bradstreet, TRW, TransUNION, The BBB or any other credit agency as deemed necessary by the MBA of St. Louis

Applicant

Date

Please print the following:

Name _____ Title _____

Company _____

Local Address _____

Phone (_____) _____ Fax (_____) _____

Membership Fee enclosed? Yes No

APPLICANT MUST BE RECOMMENDED BY 3 MBA St. Louis MEMBERS

RECOMMENDED BY: (COMPANY NAME)

AUTHORIZED SIGNER

Please send your completed application to:
MBA of St. Louis, 2650 S. Hanley Rd., Suite 100 • St. Louis, MO 63144