

VIRGINIA MORTGAGE LENDERS ASSOCIATION

Membership Application

Thank you for choosing to become a member of VMLA!

PRIMARY REPRESENTATI	VE (Additional representatives show	uld be listed on page 3.)	Date:	
First:	MI:Last:		Nickname:	
Full Corporate Name:				
Position within Company: _				
Address:				
City:		State:	Zip:	
Telephone:		Fax:		
E-mail:		Website:		
VMLA online directory perfer	red phone number:			
Federal EIN:	1	NMLS# (if applicable)		
Primary Business:				
Billing Contact:		Email:		
Billing Address:				
(This is where the annual dues billin	ng will be mailed)			
W	Tho referred you to the VMLA ?_			
Would you like to recieve info	ormation about joining the Mortg	age Bankers Association (MB	A)?	

MEMBERSHIP TYPES

Regular Membership

Member with up to 99 total company employees \$695 Member with 100 or more total company employees \$995

Any entity that provides services directly or indirectly to negotiate, place or find mortgage loans for others (mortgage broker); or any entity that directly or indirectly originates or makes mortgage loans available to others (mortgage lender).

All applicable individuals listed as employees of main office will hold a membership. Please complete page three of this
application for everyone listed on main office membership.

• Associate Membership \$695

Any business organization, financial institution or individual whose primary business is to provide services or products to a business organization or financial institution.

• Individual Membership \$195

Any one person who directly or indirectly negotiates, places or finds mortgage loans for others (mortgage broker); or any person that works for an entity that directly or indirectly originates or makes mortgage loans available to others (mortgage lender).

П. М. 1	1	ф./О.F.		
☐ Member with up to 99 total employees		\$695		
☐ Member with 100 or more	total employees	\$995		
☐ Associate Membership		\$695 \$105		
☐ Individual Membership		\$195		
		Total State Dues:	\$	
Local Association Dues	(Check as many as applical	ole. Local dues are forwarded to	the respective cha	bter.)
☐ Tidewater	\$200			
□ Peninsula	\$100			
□ Richmond	\$200			
☐ Northern Virginia	\$100			
☐ Blue Ridge	\$100			
Central Virginia	\$100			
		Total Local Chapter	s Dues	\$
	*Dues a	re proated between July 31st a	nd December 31	st. Please contact the VMLA office for correct amoun
Total Due (State dues + Local	! Dues)			\$
VISAMast	erCard	American Express	Disco	over
Card #		Ca	ırdholder's N	nme
Exp. Date	Security Code	Signature		
, 1				g the application. Dues must be paid within d of Directors must approve the updated
uses its political action commit	tee to educate legislato Political Action Comm	ors and ensure fair repres mittee fund are encourag	entation of n	e bankers can conduct business. VMLA nortgage lending interests. Contributions to n and date on the line below the acknowl-
Authorizing Officer's Signature	- Name		Title	

State Association Dues

Dues payments to VMLA and contributions to VAMPAC are not deductible as charitable contributions for federal income tax purposes. Donations to VAMPAC are used to support candidates for public office in Virginia. Contributions are voluntary and refusal to contribute does not affect membership rights. The portion of dues paid by a member to an organization that conducts lobbying is also not deductible based on the ratio of total lobbying expenses to total dues revenue. Currently that percentage is 15%. In an effort to maintain a high quality of professionalism at our events and chapter meetings, we ask the our members and guests refrain from recruiting.

All applications should be returned to VMLA Membership, 4490 Cox Road, Glen Allen, VA 23060. For questions or additional information call 804-819-4754 or visit www.VirginiaMLA.com.



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Additional Representatives/Offices

Copy as needed for additional representatives/offices.

Company Name:	
Company Address:	
Additional Representative:	Additional Representative:
Name:	Name:
Job Ttle:	Job Ttle:
Direct Phone:	Direct Phone:
E-mail:	E-mail:
Additional Representative:	Additional Representative:
Name:	Name:
Job Ttle:	Job Ttle:
Direct Phone:	Direct Phone:
E-mail:	E-mail:
Additional Representative:	Additional Representative:
Name:	Name:
Job Ttle:	Job Ttle:
Direct Phone:	Direct Phone:
E-mail:	E-mail:
Additional Representative:	Additional Representative:
Name:	Name:
Job Ttle:	Job Ttle:
Direct Phone:	Direct Phone:
E-mail:	E-mail:
Additional Representative:	Additional Representative:
Name:	Name:
Job Ttle:	Job Ttle:
Direct Phone:	Direct Phone:
E-mail:	E-mail: