



# Rhode Island Mortgage Bankers Association MEMBERSHIP APPLICATION

- LENDER MEMBER - \$750 Annually** - A Lender Member has funds at risk and originates residential or commercial mortgages for portfolio or sale to other investors.
- BROKER MEMBER - \$400 Annually** - A Mortgage Broker Member has no funds at risk and negotiates or sells residential or commercial mortgages to an investor.
- AFFILIATE MEMBER - \$600 Annually** - An Affiliate Member is related to the mortgage banking industry but not directly involved in origination, sale, or servicing of mortgage loans or acting as a wholesale/correspondent.
- SMALL APPRAISER MEMBER - \$250 Annually** - For Appraiser companies with **3 or fewer employees**. For those companies with 4 or more employees, please join as an Affiliate Member.
- REALTOR BROKER OWNER - \$200 Annually** - For Realtor Broker Owners.

Company Name: \_\_\_\_\_ R.I. Broker/Lender License # \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Web Address \_\_\_\_\_

DESIGNATED REPRESENTATIVE: (Individual to receive ALL RIMBA mailings)

\_\_\_\_\_  
 Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

ADDITIONAL REPRESENTATIVES: (maximum 2 names who will receive most RIMBA mailings)

#1 \_\_\_\_\_  
 Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

#2 \_\_\_\_\_  
 Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Payment method:**

Check enclosed     Mastercard     VISA     Discover     Amex    Member Type/Amount: \_\_\_\_\_  
 Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_  
 Authorized Signer (Please Print) \_\_\_\_\_  
 Billing Address: (street, city, state, zip) \_\_\_\_\_

Authorized Signature \_\_\_\_\_