



Instructions: Print or Type. **Complete all applicable fields and mail with payment to: NYAMB, 501 E. Boston Post Rd., Suite 6, Mamaroneck, NY 10543**
(note: we do NOT accept signature required mail)
Applications without payment will not be processed.
Note: Save time. Join online! www.nyamb.org/join

Membership Category: ___ Mortgage Broker Owner \$375.00 (includes a total of 10 memberships)

BROKER OWNER INFORMATION:

Company Name: _____

Primary Member Name: _____

Company Address Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

NMLS# (broker company) _____ (individual MLO#) _____

Website Address: _____

Affiliate Region: (choose only 1) ___ Long Island ___ Lower Hudson ___ North East ___ Western

Volunteer Committee Interests: ___ Membership ___ Events ___ Legislative ___ Education

Referred by: _____ (only if applicable)

MORTGAGE BROKER OWNER LOAN OFFICER MEMBERSHIPS

1. Name: _____ Title: _____

Email: _____ Individual MLO# _____

2. Name: _____ Title: _____

Email: _____ Individual MLO# _____

3. Name: _____ Title: _____

Email: _____ Individual MLO# _____

4. Name: _____ Title: _____

Email: _____ Individual MLO# _____

5. Name: _____ Title: _____

Email: _____ Individual MLO# _____

6. Name: _____ Title: _____

Email: _____ Individual MLO# _____

7. Name: _____ Title: _____

Email: _____ Individual MLO# _____

8. Name: _____ Title: _____

Email: _____ Individual MLO# _____

9. Name: _____ Title: _____

Email: _____ Individual MLO# _____

10. Name: _____ Title: _____

Email: _____ Individual MLO# _____

Instructions for Membership:

- 1. Once your membership and payment has been processed, all members will receive an e-confirmation to the email provided on this form. Please print and retain it as your official receipt.
- 2. Members can log in and update their directory profile (headshot, bio, website address, company logo). Username is your email address, Password reset and watch for email to reset your password.

Membership Policy: no refunds or credits are issued. Returned checks are subject to additional administrative and bank fees. Membership applications will not be processed if received incomplete or without check payment

Membership dues received between January – July 31st are for the current fiscal year. Membership dues received between August 1st – December 31st will be deferred dues for the follow fiscal year (giving the member 16 months of membership). Memberships are annual and expire on December 31st. All memberships are for New York (NYAMB). We encourage all members to join NAMB directly at www.namb.org.

Disclaimer: Membership dues are not deductible as a charitable contribution for Federal income tax purposes, but may be partially deductible as a business expense. It is estimated that 35% your NYAMB are not deductible because they are related to lobbying activities on behalf of the members.

Questions: all questions pertaining to Membership must be sent in writing to the NYAMB headquarters office or by email to: etella@teammgmtsvs.com

Thank you for your support!

Internal Use Only: _____ Received complete Application on _____ | Check # _____ Amount \$ _____