



Mortgage Bankers Association of Central Florida  
Information and Application

1. Please read these instructions carefully before completing this application.
2. If after reviewing these instructions and the application itself you have any questions about membership in the MBA of Central Florida please contact our Membership Chair, Dawn Henshaw, at 813.545.4712 or email [mbaofcfl@gmail.com](mailto:mbaofcfl@gmail.com).
3. Complete the membership application and the acceptance of the Code of Ethics and Standards of Practice. If any of the questions do not apply please indicate N/A rather than leaving the space blank.
4. If your company has more than one office in Central Florida please attach a list of those offices with the name and title of the managing officer, their mailing address, phone number and email address. Be sure to include the email addresses for any individual in your firm wishing to receive correspondence and meeting notifications from the MBA.
5. The completed, signed application can be emailed to [mbaofcfl@gmail.com](mailto:mbaofcfl@gmail.com).
6. If making payment by check: Payable and mailed to MBA of Central Florida, P.O. Box 940153, Maitland, FL 32794-0153.

Membership Categories and Pricing  
Annual Membership Dues (July 1 – June 30)

- **Financial Institutions**           **\$185**
  - Business organizations and financial institutions which regularly engage in the business of originating, servicing or investing in mortgage loans or other types of real estate finance.
- **Associate Members**           **\$185**
  - Business organizations and financial institutions who regularly provide products or services for business organizations and financial institutions eligible to be Category II members.
- **Individuals**                       **\$95**
  - This is a person who is working for a company that would be eligible for Regular membership but does not belong and does not intend to join. There can be only two Individual members from any one company. Individual members do not have voting rights and do not receive benefits from the State Association.



Mortgage Bankers Association of Central Florida

Application For Membership

<input type="checkbox"/> Financial Institutions	\$185 annually (July 1 – June 30)
<input type="checkbox"/> Associate Members	\$185 annually (July 1 – June 30)
<input type="checkbox"/> Individuals	\$95 annually (July 1 – June 30)

- Name of Applicant Company: \_\_\_\_\_
- Type of Business: \_\_\_\_\_
- Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
- People to receive correspondence (attached separate sheet if more):  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Date Organized: \_\_\_\_\_ ( ) Corporation ( ) Partnership ( ) Other \_\_\_\_\_
- Total Number of employees: \_\_\_\_\_ Number of employees in Central Florida: \_\_\_\_\_
- Is your firm licensed under the Florida Mortgage Brokerage Act? ( ) Yes / ( ) No
- Is your firm approved as: ( ) FNMA Seller/Service ( ) FHLMC Seller/Service  
( ) GNMA Seller/Service ( ) FHA Mortgagee ( ) VA Mortgagee ( ) N/A
- Has FHA, VA, Fannie Mae, Freddie Mac, or Ginnie Mae ever suspended your firm? ( ) Yes / ( ) No  
(f yes, attach separate letter of explanation)
- In which of the following mortgage banking functions does your firm regularly engage? (please check all that apply): ( ) Originations ( ) Servicing ( ) Investing ( ) N/A
- Have you or any of your officers or your firm been involved or indicted for or charged publicly with fraud or misrepresentation? ( ) Yes / ( ) No (f yes, attach separate letter of explanation)
- Please list memberships in other organizations: \_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Application sponsored by: Name: \_\_\_\_\_ Company: \_\_\_\_\_



Mortgage Bankers Association of Central Florida  
Application For Membership Continued...

**Form of Payment:**

Check Payable and mailed to MBA of Central Florida, P.O. Box 940153, Maitland, FL 32794-0153.

Credit Card Name on Card: \_\_\_\_\_  
Card Type: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Card Expiration Date: \_\_\_\_\_  
CCV/Security Code: \_\_\_\_\_  
Billing Zip Code: \_\_\_\_\_

**(To be completed by MBA of Central Florida)**

Endorsed by: \_\_\_\_\_  
Name & Company (Must be Regular Member)  
\_\_\_\_\_  
Name & Company (Must be Regular Member)