



MBA

Savannah

PO Box 16203 Savannah GA 31419

Application for Membership

Name of Company: _____

Name of Representative: _____

Mailing Address: _____

Telephone: (____) _____ Fax: (____) _____

E-mail: _____

Type of Business: _____

Indicate Type of Business:

Regular Membership: \$375/ year

Associate Membership: \$275/ year

If you are applying to be a Regular Member, you must be a member of the Mortgage Bankers Association of Georgia. Are you presently a member of MBAG? _____

If you are a lender:

What type of loans do you originate? Please check all that are applicable:

___ Government (FHA/VA) ___ Conventional

Are you an FHA approved lender? ___ Are you a VA approved lender? ___

Please sign this application signifying the following:

The undersigned applies for membership in the MBAG – Savannah Chapter, Inc., and having read the Canons of Ethics and Standards of Practice of the Mortgage Bankers Association of Georgia (www.mbag.org), do hereby subscribe for themselves and the Company they represent to agree to be bound by said Canons of Ethics and Standards of Practice as they may be from time to time amended.

Signature: _____ Date: _____

Title: _____

Please remit application to PO Box 16206 Savannah GA 31419

Signed

Date

Title

Please remit application to PO Box 16206 Savannah GA 31419