



# 2011 Membership Application

Please choose your membership category.

- |   |  |
|---|--|
| <input type="checkbox"/> Professional Broker Member (Broker).....\$99.00<br><i>Any owner or principal of a company.</i>     | <input type="checkbox"/> Affiliate Member (Lender/Wholesaler).....\$99.00<br><i>Wholesalers and Lenders must designate one principal Affiliate Member.</i> |
| <input type="checkbox"/> Professional Associate Manager (Branch Manager)..\$99.00<br><i>Any manager of a branch office.</i> | <input type="checkbox"/> Associate Affiliate Member.....\$99.00<br><i>Individual employed by a wholesaler or lender.</i>                                   |
| <input type="checkbox"/> Professional Loan Officer.....\$99.00<br><i>Loan officer, processor or support staff.</i>          | <input type="checkbox"/> Allied Member.....\$99.00<br><i>Appraiser, Lawyer, Real Estate Agent, etc.</i>  |

*(Please refer to NCAMP bylaws for complete description of membership categories)*

As a New Member, I would like to take advantage of the special \$1.00, 60 day trial membership. I understand that unless I decide to opt out of this offer, in writing, within 60 days from now, I authorize NCAMP to charge my credit card the remaining \$98 for membership for the remainder of 2011.

Please split my membership payment into three consecutive monthly payments (credit card only). I understand and agree that I am responsible for the full amount.

**Applicant Information: (Please print)**

Renewal       New Member

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender(M/F) \_\_\_\_\_ Years in business \_\_\_\_\_

Title \_\_\_\_\_ Email Address \_\_\_\_\_

Company \_\_\_\_\_ Owner/Manager \_\_\_\_\_

*(Required)*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Home Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Home Email Address \_\_\_\_\_ County \_\_\_\_\_

Referred By \_\_\_\_\_ Company \_\_\_\_\_

*(New Members Only)*

<p><b>Your Legislative District* or Representative's Name</b></p> <p><small>*(located on back of your voter registration card)</small></p> <p>NC Senate Member _____</p> <p>NC House Member _____</p> <p>US House Member _____</p>
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**Payment Information:**

Payment Method:  Check     MasterCard     Visa    Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Holder Name *(If different than above)* \_\_\_\_\_ Security Code: \_\_\_\_\_

Card Holder Address *(If different than above)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Card Holder Signature \_\_\_\_\_

**Agreement:**

I am applying for membership in the NCAMP in the category noted above. I have read the NCAMP Code of Ethics and Bylaws and if accepted for membership, I will abide by their requirements. Additionally, I acknowledge and agree to receive all association information in the form of phone, mail, fax and/or email.

**Signature of applicant (Required)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please remit this form and payment to:**

NCAMP Membership  
Post Office Box 20875  
Raleigh, NC 27619

Phone: 919.783.0767  
Toll Free: 866.783.0767  
Fax: 919.783.0967

By Email: [jlange@ncmortgageprofessionals.org](mailto:jlange@ncmortgageprofessionals.org)

**Please note: All memberships, which are paid in full, expire December 31, 2011.**

*NCAMP is a professional association. Payment of organizational dues is generally deductible as an ordinary and necessary business expense. A portion of dues, however, is not deductible due to the extent NCAMP engages in lobbying. The non-deductible portion of dues for 2011 is estimated at 100%. Contributions or gifts are generally not deductible as charitable contributions for federal income tax purposes.*