



# 2020-2021 Membership Application

## Membership Categories

### **Regular Membership**

Any organization or financial institution doing business in the State of Wisconsin, and who is engaged primarily in the business of originating, servicing, insuring, selling, or investing in mortgage loans or other types of real estate finance. Regular members in good standing shall be entitled to hold office and be a director of the corporation.

Regular members include, but are not limited to, mortgage bankers, mortgage brokers, banks, savings banks, credit unions, savings and loans and private mortgage insurance companies, provided they meet the definition and requirements of the paragraph above.

Annual dues for Regular members include one Representative member who shall be entitled to vote on behalf of the firm. Additional officers or employees of the firm may join as an additional member for a fee.

### **Associate Membership**

Any business or organization who provides services or benefits to regular members and who otherwise subscribes to the purposes of the corporation.

Associate members include, but are not limited to, trade associations, government and quasi-government organizations, appraisers, accountants, attorneys, architects, engineers, surveyors, title insurance companies, finance companies, credit bureaus, homeowners insurance companies and any other type of organization, provided they meet the definition and requirements of the paragraph above.

Associate members may serve on and chair committees, but are not eligible to vote. The Board of Directors does include two associate members who have full voting privileges on the Board. Additional officers or employees of the firm may join as an additional member for an annual fee.

## Membership Dues

*Membership Dues belong to the company and may not be transferred.*

<b>Regular Membership - Individual</b>	<b>\$750</b>
<b>Additional Regular Membership – Individual</b> <i>(from the same firm)</i>	<b>\$100</b>
<b>Unlimited Regular Membership - Bundle</b> <i>Register as many company employees as WMBA members as you would like for one fee.</i>	<b>\$1,500</b>
<b>Unlimited Associate Membership - Bundle</b> <i>Register as many company employees as WMBA members as you would like for one fee.</i>	<b>\$1,000</b>
<b>Limited Regular Membership or Limited Associate Membership</b> <i>Applies to an individual that comes from a Wisconsin organization that has 1-5 employees. Limited to one person per organization.</i>	<b>\$250</b>

## Chapters

One Chapter is included in each person's dues. Additional chapters are \$50 per chapter, per person, even for unlimited members.

The Omnibus Budget Reconciliation Act of 1993 prohibits you from deducting, for Federal Income Tax purposes, the portion of your membership dues which are allocable to the lobbying activities of this organization. WMBA estimates the amount to be 17%. Please consult your tax advisor for further information.



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## Contact Information

Representative: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Chapter Affiliation(s): \_\_\_\_\_  
 Add'l Chapter(s):  Madison  Milwaukee  Northeast

*\*All memberships include one chapter. Add \$50 for each additional chapter per person.  
 \*Submit a separate application form with full contact information for EACH Additional Regular or Associate member.  
 \*For Unlimited Categories, please submit a listing of members using the provided spreadsheet.*

Name of WMBA Member who referred you: \_\_\_\_\_

## Member Category

<i>Regular</i>	<i>Associate</i>
<input type="checkbox"/> Unlimited Regular .....\$1,500	<input type="checkbox"/> Unlimited Associate .....\$1,000
<input type="checkbox"/> Regular .....\$750	<input type="checkbox"/> Limited Associate .....\$250
Qty ___ Additional Regular @ \$100 =	
\$ _____	
<input type="checkbox"/> Limited Regular .....\$250	

## WMBA Education Foundation Contribution

\$100     \$75     \$50     \$25     \$10     Other \$ \_\_\_\_\_

## TOTAL PAYMENT

Total Dues (incl. additional members and chapters) \$ \_\_\_\_\_

Education Foundation Contribution \$ \_\_\_\_\_

**TOTAL Payment \$ \_\_\_\_\_**

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**Dues payment not received by September 30, 2020 will be removed from membership lists and updates.**

**Complete this section for CREDIT CARD CHARGES ONLY - AMEX, MasterCard or VISA accepted.**

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Card #: \_\_\_\_\_

Exp: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Billing Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_