



# MEMBERSHIP APPLICATION

## New/Renew CSMB

*Personal Data (Please fill in as completely as possible)*

Full name: Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_

First: \_\_\_\_\_ Middle Initial: \_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Certification (s): \_\_\_\_\_ Nickname/badge name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Company: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Zip+4\*\*: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_ Fax\*:(\_\_\_\_) \_\_\_\_\_ E-Mail\*: \_\_\_\_\_

\*\*\*Web Page Address: \_\_\_\_\_

\* CSMB sends faxes during off-peak hours and regularly sends legislative updates via e-mail.

\*\* CSMB requests your home "Zip+4" so we may note Congressional districts of members.

\*\*\* We will put a link on our web page with a reciprocal link on your web page.

TYPE of Member: _____	Occupation:	Member \$
<input type="checkbox"/> BROKER	Will include everyone in Brokers office (Broker will be the voting member)	\$250.00
<input type="checkbox"/> AFFILLIATE MEMBER	Attorney, Appraiser, PMI, Credit Bureau (Will include everyone in Affiliates Office)	\$150.00
<input type="checkbox"/> LENDER	Includes all of the account representatives in the State	\$400.00

NOTE: MEMBERSHIP requires that this application be accompanied by a copy of your current State License showing date acquired. CSMB estimates that 76% of your 2009 dues are not deductible. Please indicate your CSMB sponsor: Sponsor: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_ Company: \_\_\_\_\_

**Membership dues are not refundable for ay reason once application is processed and membership is granted.**

Check  Cash \_\_\_\_\_

Please read application, determine membership classification, print, fill in form, add signature and forward with payment for the appropriate amount to :

Membership Policies:

If any of your contact information changes, please phone CSMB at 203-874-3090 or fax changes to CSMB at 203-783-4828. The association is an Individual Member Society; there are no corporate memberships. Regardless of your membership classification in a state association, your record is maintained on an individual basis by CSMB.

### Connecticut Society of Mortgage Brokers

26 Broad Street - Milford, CT 06460

Phone: (203) 874-3090 Fax (203) 783-4828

Toll Free: 1-888-CTBROKR

Email: [pspalhoff@csmbct.com](mailto:pspalhoff@csmbct.com)