



# Mortgage Bankers Association of Puerto Rico

PO Box 192097, San Juan, PR 00919-2097; Tel. (787)753-9237; Fax (787)753-9239

## MORTGAGE LEADER - MEMBERSHIP APPLICATION

Name of Applicant:

Telephone:

Fax:

E-mail:

Postal Address:

City:

State:

ZIP Code:

Physical Address:

Academic degree:

#NMLS:

#MLO:

Company:

Position:

How long you've been working for the company:

Work experiences

COMPANY NAME	POSITION	HOW LONG	SUPERVISOR	TELEPHONE NUMBER

Have any of you ever been involved in bankruptcy, insolvency, made assignment for benefit of creditors, or been indicted for or charged publicly with fraud misrepresentation?      Yes      No      *(Please circle)*  
(If Yes, explain by letter)

Other organizations you are affiliated:

The undersigned hereby applies for membership in the Mortgage Bankers Association of Puerto Rico and affirms that the applicant is in accord with and conducts its business in conformity with the purposes of the MBA Canons of Ethics and Standards of Practice.

Name of Applicant

Date

Signed By

Title

References (must submit at least 3 with phone numbers)