

Missouri Finance Institute

Associate Membership Application

Applicant Company Name

Company Representative Name

Company Headquarters Address

Mailing Address

City / State

Zip

Telephone

Fax

Representative Email Address

Type of Business

Date Business Organized

Other organizations / associations to which you belong

Company Officers & Managing Officers	Position in Company	How Long Active In Company / Industry	Percent Ownership
		/	
		/	
		/	

Please complete the following: This application will not be accepted without this information.

Industry Affiliation: List two references in the credit industry to whom you are personally known

Name _____ Company _____

Name _____ Company _____

Business References: List any other business associations (local, state, national) of which the business is a member

Name _____ Contact _____

Name _____ Contact _____

MFI Annual Membership Dues \$300
(Membership Dues are billed semi-annually)

I pledge my complete cooperation and support of the efforts of the Missouri Finance Institute and will uphold the core of ethics and by-laws as set forth by the Board of Directors. I will also conduct my business in a way that reflects positively on the credit industry and will set an example, as to discourage the practice of unethical behavior for myself, my employees, and my competitors, as described in the Code of Ethics.

I understand that by signing below, providing my mailing address, and telephone / fax number. I consent to receive communications sent by or on behalf of the Missouri Finance Institute.

Name of Applicant: _____ Title: _____

Signature: _____ Date: _____

THE MEMBERSHIP APPLICATION PROCESS & DUES INFORMATION

After a completed application is received, the applicant is screened by the Membership Committee. Applications will be approved or denied within 30 days.

Return application and documents to us at the address below

Thank you for your interest in MFI – We look forward to meeting you!



Missouri Finance Institute
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www.missourifi.com