



NAMP
1020 Wigwam Pkwy
Henderson, NV 89074
Phone: (702) 932-6300
Fax: (702) 974-4463

NAMP Membership Application

PERSONAL DATA		
PLEASE PRINT CLEARLY		
First Name:	Middle:	Last Name:
Company	Job Title:	
Company Address		
Company City	Company State	Company Zip Code
()	()	
Company Phone	Company Fax	
Home Street Address:		
Home City:	Home State	Home Zip Code
()	()	
Home Phone	Cell Phone	
E-Mail Address		
Membership Policies:		
<p>NAMP and NAMB are individual member societies. Both your NAMP and NAMB individual memberships transfer with you if you change employers. Your record is maintained on an individual basis by both NAMP and NAMB. Please contact both organizations with changes to your personal data.</p>		
Membership Category (Circle the appropriate membership category):		
<p>Membership good for 12 calendar Months</p>		
BROKER INDIVIDUAL	ASSOCIATE INDIVIDUAL	AFFILIATE INDIVIDUAL
\$399	199	\$399
<p>Broker Individual: <i>Any individual licensed or acting as a Mortgage Broker by the State of Nevada or employed by a firm licensed as a Mortgage Broker</i></p>		
<p>Associate Individual: <i>Any individual employed by a licensed or acting Mortgage Broker in Nevada.</i></p>		
<p>Affiliate Individual: <i>Any individual whose business is other than that of a Mortgage Broker.</i></p>		

\$ 99 Club and PAC Monthly Donations

The NAMP has an ambitious legislative agenda, please support your associations Political Action Committee
By donating on a monthly basis your contribution will assist in bettering your industry.
Professional/Broker Member \$99/month Affiliate Member \$25/month Associate Member \$10/month

Card Type: Visa/MC Debit AMX Card # _____ Exp _____ I
_____ authorize NAMP to debit my account on the 30th of each month. Please Initial
_____ I understand that this contribution is not tax deductible. Please Initial

HYPERLINK

A Link from The Nevada Association of Mortgage Professionals website www.namp.us to your site. One annual fee \$100.00.

Site Address _____
_____ *Please charge my credit card*

Request for Reaffirmation of NAMP/NAMB Membership

I hereby apply to reaffirm any NAMP/NAMB membership and pledge to abide by the requirements of the NAMP/NAMB Code of Ethics and the NAMB Best Business Practices Guidelines. I also pledge to support NAMP/NAMB By-laws and NAMP/NAMB board policies, as they are now and as they may be amended.

Signature: _____ Date: _____

Please allow four to six weeks for NAMP membership packet and member ID delivery

TO JOIN NAMP

Mail or Fax this membership application with payment to:

NAMP

1020 Wigwam Pkwy

Henderson , NV 89074

Phone: (702)932-6300

Fax: (702) 974-4463

Method of Payment: Check Cash Visa MC AMX

Card Number: _____ Exp. Date _____

Online Registration is available on our website: www.namp.us

Billing Zip Code _____