2019 Membership Application
Associate

Company Name: _____

Contact Name: _____ Title: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Website Address: _____

Company Description: _____

How long has your company been in business? _____ How many employees do you have? _____

Do you have physical offices located in other states? ☐ Yes ☐ No (*If yes, please provide the street address, city state and zip code of the offices, and indicate the number of employees at each location as an attachment*).

What other industry related associations are you a member of? ☐ ACA ☐ NARCA ☐ CLLA ☐ Other _____

Why do you want to join RMAI? _____

How did you hear about RMAI? ☐ Referred by _____ ☐ RMAI website ☐ RMAI email ☐ RMAI mailing

Associate Membership Categories

(PLEASE CHECK THE MEMBERSHIP TYPE BELOW THAT BEST DESCRIBES YOUR BUSINESS)

☐ **Debt Buyer** ☐ **Law Firm** ☐ **Collection Agency**

Membership: Membership with RMAI is on a **company** level, includes one primary contact and runs on a calendar year (January 1 to December 31).

Annual Dues: Annual dues of $895 are billed each October for the following calendar year. Dues are prorated at the time of application as follows:

January 1 – March 31: $895	July 1 – September 30: $447.50
April 1 – June 30: $671.25	October 1 – December 31: $223.75

Application Fee: One-time application/set-up fee: $275

Additional Individuals: $50 per person (*add staff to your company's* RMAI *membership; they receive all member benefits including alerts, the* RMAI *Insights magazine, registration discounts and "members only" access to the* RMAI *website*)

List any additional individuals:

Name	**Title**	**Phone**	**Email**

Contribute to the RMA Legislative Fund

Help RMAI identify and assemble the resources to lobby for and against federal and state legislation that affects the industry and your ability to do business.

Legislative Fund Contribution: ☐ $500   ☐ $250   ☐ $100   ☐ Other $_____

Billing Information: ☐ VISA   ☐ MasterCard   ☐ AMEX   ☐ Check Enclosed #_____

Credit Card Number: _____

CVC Code: _____   Exp. Date: _____   Amount Due: $ _____

Signature: _____

Billing Address (if different from above): _____

(**Note:** Your credit card will be charged when your application is received, but acceptance is subject to board approval.)

Industry References: Three (3) references are **required;** one must be a current RMAI member in good standing. If, however, you are unable to provide a current RMAI member as a reference then you must provide a total of **five** industry references. References should be companies with which you have had debt collection or debt purchase/sale transactions. Personal, banking or office supplier references are not acceptable

Company Name	**Contact**	**Title/Position**	**Telephone**

(Membership approval will be partially based on the results of our interviews with your industry references.)

List all corporate officers and majority owners:

Name	**Title**

By signing this document, you hereby acknowledge that: (1) your company is an active participant in the receivables management industry as either a debt buying company, a collection law firm or a third party collection agency, (2) you are an authorized agent of your company that is able to enter into this agreement, (3) you have not knowingly provided any false or misleading information and (4) you have read, understood and agree to abide by RMAI's Bylaws and Code of Ethics which can be found on the RMAI website at https://rmaintl.org/about-rmai/. Membership confirmation is subject to board approval.

Authorized Signature: _____

Membership dues paid to RMAI *are not tax deductible as charitable contributions for federal income tax purposes. Additionally,* RMAI *estimates that 100% of your annual dues will be used to support the Organization's national and state legislative/regulatory program.*