



2019 Membership Application – Affiliate

Company Name: _____

Contact Name: _____ Title: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Website Address: _____

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

Company Description: _____

Why do you want to join RMAI? _____

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

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

Do you have 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).

Affiliate Membership Category

- ☐ **Affiliate**– The designation for companies who provide **products and services** to the accounts receivables management industry. Companies who purchase or service charged-off receivables are ineligible for membership under this category.

DO YOU BROKER RECEIVABLES? YES ☐ NO ☐

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. **STARTING OCTOBER 1 TO DECEMBER 31, 2019, receive the end of 2019 and all of 2020 for the base dues of \$895.**

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 members:

Name

Title

Phone

Email

Contribute to the RMAI 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: \$ _____

Print name as it appears on charge card: _____

Signature: _____

Billing Address (if different from above): _____

(**Note:** Your credit card will be charged when your online application is received; final confirmation is subject to board approval.)

Industry References: References from the same applicant company is not allowed. Three (3) references are **required**; one must be a current RMAI member in good standing. If you are unable to provide a current RMAI member as a reference, then you must provide 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. **There is an expectation that your application will be completed within one week of your application submission.**

<u>Company Name</u>	<u>Contact</u>	<u>Title/Position</u>	<u>Telephone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

List all corporate officers or owners/shareholders indicating percentage of ownership of each:

<u>Name</u>	<u>Title</u>	<u>Percentage of Ownership</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing this document, you hereby acknowledge that: (1) your company provides a product or service to the receivables industry, (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 in your application for membership or renewal and (4) you have read, understood and agree to abide by RMAI's Bylaws, Code of Ethics, and Statement of Principles and Guidelines for the Sale and Purchase of Consumer Debt which can be found on the RMAI website at www.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.

RETURN THE COMPLETED APPLICATION TO:

RMAI, 1050 Fulton Avenue, Suite 120, Sacramento, CA 95825
Phone: (916) 482-2462 | Fax: (916) 482-2760 | Email: bsouza@rmaintl.org