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2010 Financial Services Division MEMBERSHIP APPLICATION

Please complete and return this application to MHI at the address above. Specific financial, production, and ownership information is kept strictly confidential and not reported separately to a third party.

2010 MHI FINANCIAL DIVISION DUES CERTIFICATION

(Choose Only One Category Below That Best Describes Your Business)

| <u>TYPE OF BUSINESS</u> | <u>NUMBER OF STATES FROM WHICH INDUSTRY BUSINESS IS DERIVED</u> | <u>2010 DUES</u> |
|--------------------------------------|---|------------------|
| 1. RETAIL / MORTGAGE LENDING | 1 TO 5 STATES | \$2,300 |
| | 6 TO 15 STATES | \$5,750 |
| | 16 TO 29 STATES | \$6,900 |
| | 30 OR MORE STATES | \$11,500 |
| 2. FLOOR PLAN LENDING | 1 TO 5 STATES | \$2,300 |
| | 6 TO 14 STATES | \$4,600 |
| | 15 OR MORE STATES | \$6,900 |
| 3. INSURANCE SERVICES | 1 TO 5 STATES | \$2,300 |
| | 6 TO 14 STATES | \$4,600 |
| | 15 OR MORE STATES | \$6,900 |
| 4. LOAN BROKERAGE / APPRAISAL | 1 TO 5 STATES | \$1,150 |
| | 6 TO 14 STATES | \$3,450 |
| | 15 OR MORE STATES | \$5,750 |
| 5. CONSULTING SERVICES | 1 TO 5 STATES | \$1,150 |
| | 6 TO 14 STATES | \$2,300 |
| | 15 OR MORE STATES | \$3,450 |
| 6. ANALYST | ALL LEVELS | \$3,000 |

WE AGREE TO ABIDE BY THE MHI BYLAWS AND THE PROCEDURES OF THE FINANCIAL SERVICES DIVISION. I FURTHER CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE LEVEL OF DUES CERTIFIED ON THIS FORM IS ACCURATE.

SIGNATURE: _____ DATE: _____

NAME PRINTED: _____

**2010 Financial Services Division
Membership Application (continued)**

COMPANY NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
WEB SITE: _____
PRESIDENT: _____ CFO: _____

CERTIFIED REPRESENTATIVE NAME: _____
TITLE: _____ EMAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____

The Certified Representative serves as the member company's point of contact for MHI membership, receives all MHI communications, votes on behalf of the member company, and may run for office available to that membership category.

ALTERNATE REPRESENTATIVE NAME: _____
TITLE: _____ EMAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____

The Alternate Representative serves in the place of the Certified Representative when the Certified Representative is absent or otherwise not available.

APPLICATION FEE AND DUES PAYMENT PLAN

(Please indicate preferred payment plan)

____ ENCLOSED IS OUR APPLICATION FEE OF \$100 AND OUR ANNUAL DUES PAYMENT

____ ENCLOSED IS OUR APPLICATION FEE OF \$100 AND OUR FIRST QUARTERLY PAYMENT

____ PLEASE CHARGE \$ _____ TO OUR VISA / MASTERCARD / AMERICAN EXPRESS

CARD NUMBER: _____ EXPIRES: _____
BILLING ADDRESS: _____ ZIP: _____
NAME ON CARD: _____
SIGNATURE: _____

DUES AMOUNTS ARE BASED ON A CALENDAR-YEAR BASIS AND WILL BE PRO-RATED THROUGHOUT THE YEAR

**Mail or fax this to:
(703) 558-0401 fax
Attention: Membership Department**