

# Application for Business Partner Membership in the American Financial Services Association

Corporate membership for companies that provide products and services to consumer or commercial finance companies and banks. Companies must be in business for at least one year and approved by the AFSA Board of Directors. A company may not join as a Business Partner if they are a finance company. When approved, you will receive a form to complete for the AFSA Online Industry Buyers Guide included with your membership.

1. Business Name \_\_\_\_\_ Date Organized \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Website \_\_\_\_\_

2. Principal Officer  
 If approved for membership, name and title of representative to act on behalf of the company in all affairs of the Association.  
 Full Name  Mr. /  Ms. First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_  
 Nickname \_\_\_\_\_ Title \_\_\_\_\_  
 Direct Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address if different than above \_\_\_\_\_

3. Company Profile  
 List a brief description about your company. You may also email a description separately to [jbengtson@afsamail.org](mailto:jbengtson@afsamail.org). This will also be used in the Online Buyers Guide

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Industry markets served by your company (check all that apply)

a.  Auto Finance      c.  Commercial Finance      e.  Traditional Installment/Personal Loans  
 b.  Payment Card Issuers      d.  Mortgage Lending

6. List two references.

\_\_\_\_\_  
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7. I certify that I the above information is complete and correct. I understand that my application is subject to approval by the AFSA Board of Directors.

**End of Summer Special Plus Free Registration to the Annual Conference**

8. Dues from July 2018 - December 2019 is \$2,900.00 payable to the American Financial Services Association, 919 18th St. N.W., Suite 300, Washington, DC 20006.  
 Payment by Credit Card:  American Express     Visa     MasterCard     Discover  
 Credit Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ SIC Code \_\_\_\_\_  
 Name of Cardholder \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

9. Send application to Jenny Bengtson, Director, Membership & Marketing at [jbengtson@afsamail.org](mailto:jbengtson@afsamail.org) (202) 776-7304

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_