

Application for Affiliate Membership in the American Financial Services Association

Affiliate membership is available to state financial services trade associations, and foreign trade associations whose member companies are engaged in the extension of consumer credit and support the goals of the Association. This membership does not qualify the members of the state association to access member benefits.

1. Association Name _____ Date Organized _____
Business Address _____
City _____ State _____ Zip _____
Phone _____ Website _____
Total number of participating members _____ Total number of full-time Association employees _____

2. Association Executive (Primary Contact)
If approved for membership, name of person to whom communications should be addressed and listed in the Membership Directory as the primary contact.

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 association and members.

4. List one reference (if possible, provide the name, title, phone and email of a financial institution member of your association who may also a member of AFSA.)

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

6. Annual Dues Payment \$395.00 is payable to the American Financial Services Association, 919 18th St. N.W., Suite 300, Washington, DC 20006. After March 1, the amount may be prorated.

Payment by Credit Card: American Express Visa MasterCard Discover

Credit Card Number _____

Expiration Date _____ SIC Code _____

Name of Cardholder _____

Signature _____ Date _____

7. Send application to Toni Lewis-Bennett, VP, Member Services & Engagement at tlewis@afsamail.org or call (202) 466-8602

Authorized Signature _____ Date _____