

# Application for International Membership in the American Financial Services Association

Corporate membership for consumer financial institutions located and operating outside of the United States.

1. Financial Institution Name \_\_\_\_\_ Date Organized \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ 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

Provide a brief description about your company and the markets you serve.

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

5. If a subsidiary corporation, list name of parent corporation.

\_\_\_\_\_

6. Type of Business – check all that apply

- |   |  |
|---|--|
| a. <input type="checkbox"/> Mortgage Lending                      | <input type="checkbox"/> check if primary business |
| b. <input type="checkbox"/> Traditional Installment/Personal Loan | <input type="checkbox"/> check if primary business |
| c. <input type="checkbox"/> Sales Finance (non-vehicle)           | <input type="checkbox"/> check if primary business |
| d. <input type="checkbox"/> Payment Card                          | <input type="checkbox"/> check if primary business |
| e. <input type="checkbox"/> Vehicle Finance/Leasing               | <input type="checkbox"/> check if primary business |
| f. <input type="checkbox"/> Other: _____                          | <input type="checkbox"/> check if primary business |

6. List one reference

\_\_\_\_\_

7. 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. Final membership is confirmed when dues payment is received.

8. Annual Dues Payment \$2,000.00 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 \_\_\_\_\_

For more information contact Sheilah Harrison, Vice President, Member Services at [sharrison@afsamail.org](mailto:sharrison@afsamail.org) or call (202) 466-8602.

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