



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 it is a finance company. Once approved, you will receive a form to complete for the AFSA Online Industry. *Resource Guide* listing is 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 (100-150 words)**
 List a brief description about your company. You may also email a description separately to jbengtson@afsamail.org. This will also be used in the *Resource Guide*.

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

a. <input type="checkbox"/> Auto Finance	c. <input type="checkbox"/> Commercial Finance	e. <input type="checkbox"/> Traditional Installment/Personal Loans
b. <input type="checkbox"/> Payment Card Issuers	d. <input type="checkbox"/> Mortgage Lending	

5. **Social Media Links** LinkedIn _____ Twitter _____
 Instagram _____ Facebook _____

6. **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.**

7. **Membership Term - Year-End Dues Special - September 1, 2023 – December 31, 2024 is \$2,900.** 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 _____

8. **Send application to Jenny Bengtson, Director, Membership & Marketing, at jbengtson@afsamail.org or call (202) 776-7304.**

9. **Authorized Signature** _____ **Date** _____