

APPLICATION FOR MEMBERSHIP

Mississippi Consumer Finance Association

3 Lakeland Circle, Suite 201, Jackson, MS 39216

(601) 981-3834 Fax: (601) 981-3839 E-Mail: mcfassn@yahoo.com

The undersigned applies for Membership in the Mississippi Consumer Finance Association and agrees:

1. To abide by the provisions of the Charter, Bylaws and the following Resolution adopted by the Board of Directors on August 14, 1982:

The Board of Directors requests cooperation of Mississippi Consumer Finance Association Members and Associate Members to work within the framework of the Association, to inform Board of Directors regarding regulations, laws or association operations you might want changed.

2. To abide by all laws enacted by the Mississippi Legislature, regulating the Consumer Finance Industry, and all rules and regulations promulgated by the agency charged with the duty of supervising the Industry.

A. I, _____ of _____
(Name) (Title) (Firm)

am hereby authorized to execute this Application.

B. Name of manager, mailing address, telephone and fax numbers, email address for each office (attach a list if more space is needed).

C. Name, company name and address of person responsible for payment of dues:

Telephone Number () Fax Number () E-Mail Address _____

D. I understand that there is only one vote per group allowed, and the following person will be our representative, unless otherwise changed in writing.

Name: _____

E. Number of years engaged in lending industry in Mississippi: _____

F. Controlling beneficial interest of applicant is owned by: _____

(Address) _____

(City) _____ (State) _____ (Zip Code) _____ (Telephone Number) _____

ALL OFFICES RELATED THOUGH COMMON OWNERSHIP OR CONTROL MUST BE A PAYING MEMBER.

Attached herewith is our check in the amount of \$ _____ covering our application for membership for (number of offices) _____. (See attached Dues Schedule.)

Membership application received after January 31st should be prorated for the number of months remaining in the calendar year.

We understand our application must have final approval by the MCFA Board of Directors, and, that in the event our application is not accepted, the full amount of the above will be returned to us.

WITNESS My Signature This The _____ Day Of _____, Year _____

SIGNATURE: _____

FIRM: _____

SPECIAL NOTICE

MCFA dues are not deductible as a charitable contribution for tax purposes, but continue to be deductible as a business expense.

For federal income tax purposes your annual dues payment to MCFA is not totally 100% deductible as a business expense. This is due to the 1993 Omnibus Budget Reconciliation Act. We will expend 36% for lobbying activities and that percentage will not be tax deductible.