



## New Member Application

Company name: \_\_\_\_\_

Primary  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### Member Level (please check one)

\_\_\_ Full Member (\$5,000.00)  
Holds one or more mitigation or conservation bank permits

\_\_\_ Affiliate Member (\$2,500.00)  
Mitigation banker in the approval process

\_\_\_ Associate Member (\$1,000.00)  
Provides goods or services to the industry

NMBA Member that referred you: \_\_\_\_\_

Please make your dues check payable to the  
*National Mitigation Banking Association*  
*P.O. Box 547881*  
*Orlando, Florida 32854-7881*