## **Independent Finance Institute**

## **Full Membership Application**

Ap	plicant Company Name		
Сотр	pany Representative Name		
Сотр	any Headquarters Address		
Mailing Address	City / State Zip		
Telephone	Fax	Representative Email Address	
Type of Business	Date Business Organized		ized
Other organization	ons / associations to which yo	ou belong	
Company Officers & Managing Officers	Position in Company	How Long Active In Company / Industry	Percent Ownership
		/	
		/	
		/	
Please complete the following: This a	pplication will not be acc	epted without this info	ormation.
Industry Affiliation: List two references in the	credit industry to whom you are	e personally known	
Name Company			
Name	Company		
Business References: List any other business a	ssociations (local, state, nationa	l) of which the business is a	member
Name	Contact		
Nama	Contact		

## IFI Annual Membership Dues \$600 (Membership Dues are billed semi-annually)

I pledge my complete cooperation and support of the efforts of the Independent Finance Institute and will uphold the core of ethics and by-laws as set forth by the Board of Directors. I will also conduct my business in a way that reflects positively on the credit industry and will set an example, as to discourage the practice of unethical behavior for myself, my employees, and my competitors, as described in the Code of Ethics.

to receive communications sent by or on behalf of the Independent Finance Institute.		
Name of Applicant:	Title:	
Signature:	Date:	

## THE MEMBERSHIP APPLICATION PROCESS & DUES INFORMATION

After a completed application is received, the applicant is screened by the Membership Committee. Applications will be approved or denied within 30 days.

Return application and documents to us at the address below

Thank you for your interest in IFI – We look forward to meeting you!

**Independent Finance Institute** 

801 S Abe St, San Angelo, TX 76903 Office: 325-653-6814 Fax: 325-653-7106