

State Partnership Agreement

This agreement dated (MM/DD/YYYY) _____, is between NAMB and the State Association of Mortgage Brokers identified herein. State representative signature indicates acceptance and understanding of State Partnership benefits as defined within the State Partnership Program, dated 1/03.

State Association Information

Association's Full Name: _____
Association's Abbreviated Initials: _____
Association's Headquarters Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____
Association Contact Person: _____
Association Representative *Agreement* Signature: _____
Association Representative Title/Position: _____

Initial Partnership Selection

Partnership Package "Options" Selected (Check as appropriate)

Select	Option	Cost
	Option I: Educational Planning Package	\$7,500.00
	Option II: On-line Courses *	\$2,500.00

** To qualify for the On-line only option, your Association must have an annual operating budget of \$50,000 or less*

TOTAL PARTNERSHIP PACKAGE:	\$
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Partnership Deposit

Less Partnership Deposit (Minimum = \$2,500.00)	\$
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Partnership Balance:	\$
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State Ambassador Appointment Information

Person's Name: _____
State Association Title/Position: _____
Company: _____
Address: _____
Telephone: _____ FAX: _____

Payment Information

- Payment sent today in full.
 Initial deposit of \$2,500 paid now. Balance to be paid within 60 days of Agreement date.

Please send payment with this Agreement, PAYABLE TO:

NAMB

8201 Greensboro Drive, Suite 300, McLean, VA 22102

Telephone: 703/610-9007 FAX: 703/610-9005