



STATE PARTNER RENEWAL 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 most current State Partnership Program.

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: _____

Partnership Renewal

Annual Partnership Renewal..... \$2,500.00

Payment Information

Payment sent today in full.

Initial deposit of \$1,500 paid now. Balance to be paid within 60 days.

Please send payment with this Agreement, PAYABLE TO:

NAMB

Attn: Education Program

8201 Greensboro Drive, Suite 300, McLean, VA 22102

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