



RMA New York Chapter Membership Application

By joining RMA NY Chapter, you will realize opportunities to gain knowledge of the local financial services industry and its people. Information on this application will be forwarded to RMA Headquarters for national membership consideration. (See information below) Separate membership fees/approval by RMA HQ apply.

RMA NY Chapter + RMA HQ memberships offer:

- ♦ *Invitations to local Chapter events and educational programs*
- ♦ *Subscription to the renowned RMA Journal ♦ Quarterly NY Chapter Newsletter*
- ♦ *Access to the Members-Only Section of RMA's Web site - www.rmahq.org*
- ♦ *Special reports/hot topics of interest, updates on educational opportunities, workshops, & round tables.*
- ♦ *Membership discounts on all programs - online information and registration at www.rmany.org*

Individual Information (please print or type)

Mr. Ms. Last Name: _____ First: _____ MI: _____

Title (e.g., EVP, SVP, etc.): _____

Department: _____

Institution Name or Professional Affiliation: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____ Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

This section must be completed in order to properly process your application.

Which best describes your job function? (Check one only.)

- | | |
|---|---|
| <input type="checkbox"/> CEO/President/COO/CFO/Managing Director | <input type="checkbox"/> CPA/Attorney/Appraiser |
| <input type="checkbox"/> Credit Admin/Department/Underwriter/Analyst | <input type="checkbox"/> Credit Policy Officer |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Human Resources/Training |
| <input type="checkbox"/> Loan Review/Administration | <input type="checkbox"/> Portfolio Management Officer |
| <input type="checkbox"/> Relationship Management/Lender/Business Banker | <input type="checkbox"/> Risk Management Officer |
| <input type="checkbox"/> Secretary/Admin. Assistant/Student | <input type="checkbox"/> Senior Line Manager |
| <input type="checkbox"/> University/Academic/Librarian | <input type="checkbox"/> Other _____ |

Which best describes your area of specialty? (Check one only.)

- | | | | |
|--|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> All credit activity | <input type="checkbox"/> Commercial | <input type="checkbox"/> Consumer |
| <input type="checkbox"/> International | <input type="checkbox"/> Nonbank/ nonfinancial institution | <input type="checkbox"/> Private | <input type="checkbox"/> Real Estate |

Method of Payment: [] Check for \$50.00 enclosed [] Please charge my Credit Card

Card Number _____ Exp: ____ / ____ CVC Code: _____

Name on Card _____ Billing Address + zipcode: _____

Signature _____ Cardholder's Telephone #: _____

MAXIMIZE YOUR RMA BENEFITS – GET INVOLVED WITH RMA HEADQUARTERS!

___ Yes, I would like to get involved in the RMA National & International leadership. Please have RMA HQ contact me about HQ leadership opportunities. RMA HQ annual dues are additional to RMA NY Chapter dues.

Join RMA NY Chapter by sending this application to:
 RMA NY Chapter, 25 North Broadway, Tarrytown, N.Y. 10591, or
 Fax: 914-332-1541 / Questions Call: 914-332-0040. Email: rma@rmany.org

ACCEPTANCE FOR MEMBERSHIP by the NEW YORK CHAPTER is approved independent of RMA HQ.