

**ACTIVE MEMBERSHIP** I hereby apply to be an **ACTIVE** member of the Independent Mortgage Brokers Association of Ontario (IMBA) as defined in the Association's by-laws. I certify that I am licensed as a Mortgage Broker or Agent in the Province of Ontario.

**ASSOCIATE MEMBERSHIP** I hereby apply to be an **ASSOCIATE** member of IMBA as defined by the Association's by-laws.

Occupation  Principal Broker  Mortgage Broker  Mortgage Administrator  Mortgage Agent  Lender  Other

Salutation  Mr.  Mrs.  Miss  Ms.  Dr. (PLEASE CHECK ONE)

\* THE FIRST, LAST AND COMPANY NAME MUST BE THE NAME LEGALLY REGISTERED WITH THE FINANCIAL SERVICES COMMISSION OF ONTARIO (FSCO)

First Name*			Last Name*		
Home Address			Broker/Agent Licence #:		
City			Postal Code		
Home Phone			Cell Phone		
Company*			Operating As		
Address			Website		
City			Postal Code		
Company Phone	Ext.		Company Fax		
E-mail (required for Confirmation)			Brokerage Licence #		

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS. AN AFFIRMATIVE ANSWER TO ANY OF THE FOLLOWING QUESTIONS DOES NOT NECESSARILY MEAN THAT YOUR APPLICATION WILL BE DECLINED. IN THE CASE OF A PARTNERSHIP OR CORPORATION; ALL REFERENCES TO YOU INCLUDES ACTS OR OMISSIONS OF THE PARTNERSHIP OR CORPORATION AND ANY PARTNER, IN THE CASE OF A PARTNERSHIP OR ANY DIRECTOR, EMPLOYEE OR OFFICER IN THE OF A CORPORATION.

- YES**  **NO** Have you **ever** been convicted of a criminal offence for which a pardon has not been granted, **excluding** municipal and highway traffic Act offences, or have you ever disobeyed any order of any court requiring you to do any act or to abstain from doing any act?
- YES**  **NO** Are there any outstanding civil judgments against you or has judgment ever been entered against you in an action involving fraud?  
*If yes, attach a copy of the judgment.*
- YES**  **NO** Have you ever been suspended, disciplined, or expelled as a member of any professional organization?
- YES**  **NO** Have you ever been denied a license or permit, or had any license or permit revoked, for failure to meet good character requirements?
- YES**  **NO** Are you currently subject to a petition or assignment in bankruptcy or a proposal to creditors under the Bankruptcy and Insolvency Act, or have you ever been bankrupt or insolvent, under any statute?

Please list any professional or industry association/s in which you are currently a member: \_\_\_\_\_

If you currently hold any industry certification or designation please tell us which one(s): \_\_\_\_\_

If you have responded yes to the questions above, please provide full details and explanation on a separate sheet.

The undersigned applicant declares that the statements made herein are for the purpose of qualifying as a member of IMBA and are, to the best of the applicant's knowledge, true and correct. The applicant acknowledges that these statements are being relied upon by IMBA, in its sole discretion, to approve the applicant for membership in IMBA and the applicant agrees to abide by the Standards of Professional Conduct that are adopted by IMBA. The undersigned hereby authorizes IMBA to make all inquiries necessary to verify the accuracy of statements made herein. IMBA values the privacy of its members. All information that is collected and retained is done so in accordance with IMBA's Privacy Policy. By submitting this form, you are giving IMBA consent to use the information supplied for the purposes specified. The entire Privacy Policy may be viewed on IMBA's web site at [www.IMBA.ca](http://www.IMBA.ca).

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PAYMENT INFORMATION**

**Annual IMBA membership fee is \$150 + \$19.50 (HST) = \$169.50**

**PLEASE CHECK ONE AND PLEASE PRINT LEGIBLY**

Cheque enclosed (Please make payable to IMBA)  VISA  MasterCard  Amex  Lender Rewards Program

Credit Card #:		Lender Program	Your Account No.
Expiry Date (mm/yy):		Equitable Trust InCentive\$	
Security Code:(on back of card)		First National LP Wizards Spending Account	Mark 'X' if applies. No account number
Name on Card:(ex. "John A Broker")		First Line Points Account	
Signature: I authorize the costs to be charged to my credit card.		MCAP M-Points	
		MERIX XRewards	
EMAIL ADDRESS: (FOR CREDIT CARD RECEIPT)		Street Capital Street Rewards	