



APPLICATION FOR MEMBERSHIP

TELEPHONE: 416.252.4622/1.877.564.4622 • FAX: 416.252.4623/1.866.232.8385
 120 Eglinton Avenue East, Suite 500 – Toronto, ON M4P 1E2 • www.imba.ca

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	<input type="checkbox"/> Mortgage Broker <input type="checkbox"/> Agent <input type="checkbox"/> Lender <input type="checkbox"/> Other (PLEASE CHECK ONE)		
Salutation	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. (PLEASE CHECK ONE)		
First Name		Last Name	
Home Address			
City		Postal Code	
Home Phone		Cell Phone	
Company		Web Site	
Address			
City		Postal Code	
Company Phone	Ext.	Company Fax	
E-mail (required for Confirmation)		Broker / Agent License No.	

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.

APPLICANT'S SIGNATURE: _____ DATE: _____

PAYMENT INFORMATION

Annual IMBA membership fee is \$135 (including GST)

PLEASE CHECK ONE AND PLEASE PRINT LEGIBLY

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

Credit Card #:		FIRSTLINE POINTS ACCT #	
Expiry Date (mm/yy):		MCAP MSA ACCT #	
Security Code: (on back of card)		RESMOR ADVANTAGE CLUB DOLLARS ACCT #	
Name on Card:		MERIX X REWARDS ACCT #	
		MORTGAGE INTELLIGENCE IPS ACCT #	
Signature:		FIRST NATIONAL LP WIZARD SPENDING (Please ✓ only, no account number required) []	
I authorize the costs to be charged to my credit card.		STREET CAPITAL REWARDS	