



# Associate Member Enrollment Form

Legal Name of Company: \_\_\_\_\_

Principal Office Address: \_\_\_\_\_

Website: \_\_\_\_\_ DBA (if applicable): \_\_\_\_\_

Main Products/Services offered to the industry: \_\_\_\_\_

Name of Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please list 2 references that are your clients and/or can attest to your active involvement supporting MSB's.  
*(We will not contact them before informing you.)*

1) Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

2) Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

The above named company hereby registers as an Associate Member of the Money Services Business Association (MSBA). We agree to participate in MSBA activities, comply with MSBA rules, and support the goals of the MSBA, in accordance with applicable laws.

We agree to pay the annual dues amount of \$3,000. We agree that the MSBA may publish our name and logo as an Associate Member of the MSBA on its website and in Association materials. *We understand that we will not be invited to be a member of the Board of Directors, but will be invited to participate in different committees.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Signatory: \_\_\_\_\_ Title: \_\_\_\_\_

**Instructions:** Send form by email to [info@msbassociation.org](mailto:info@msbassociation.org)

Invoice with payment instructions will be sent after review of enrollment form.