



Enrollment Form

Legal Name of Company: _____

Principal Office Address: _____

Website: _____ DBA (if applicable): _____

Main Products/Services offered: _____

Where incorporated/Registered: _____

Doing business in what locations: _____

Name of CEO/President: _____

Email address: _____ Telephone: _____

Name of Primary Contact: _____ Title: _____

Email address: _____ Telephone: _____

Registered as an MSB with the FinCEN / Dept of Treasury? Yes: _____ No/not relevant: _____

Licensed as a money transmitter in any US States*? Yes: _____ No/not relevant: _____

* If licensed as a money transmitter in the US, indicate # of states _____

Licensed/Regulated outside the US? Yes: _____ If yes, where? _____

In What Capacity? _____

The above named company hereby registers as a 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 \$5000. We agree that the MSBA may publish our name and logo as a member of the MSBA on its website and in Association materials.

Signed: _____ Date: _____

Name of Signatory: _____ Title: _____

Instructions: Send Form by Email to info@msbassociation.org .

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