



Smaller Participant Enrollment Form

Legal Name of Company: _____

Principal Office Address: _____

Website: _____ DBA (if applicable): _____

Main Products/Services offered: _____

Name of Primary Contact: _____ Title: _____

Email address: _____ Telephone: _____

Name of Secondary Contact: _____ Title: _____

Email address: _____ Telephone: _____

Please list 2 business references: *(We will not contact them before informing you.)*

1) Company Name: _____ Contact: _____

2) Company Name: _____ Contact: _____

The above named company hereby registers as a Smaller Participant 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 \$1,000. We agree that the MSBA may publish our name and logo as member of the MSBA on its website and in Association materials. *We understand that Smaller Participant Members will not be invited to be a member of the Board of Directors, and will have limited access to the registered member information.*

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.