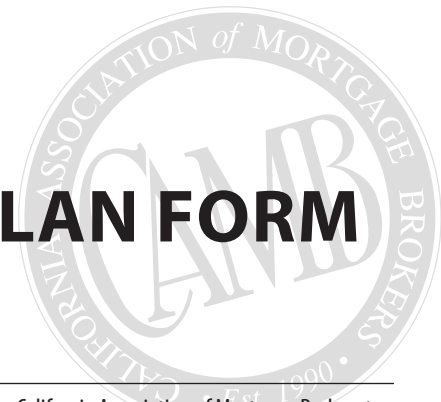




Pay your membership in 3 installments.

2010 CAMB E-Z PAY PLAN FORM



PAYMENT SCHEDULE

Below is the CAMB E-Z Pay Plan installment schedules based on membership category.

By agreeing to the CAMB E-Z Pay Plan, you authorize the California Association of Mortgage Brokers to charge your account in three near equal installments including an \$8 convenience processing fee for each installment (processing fee is included in the amounts below).

Check the appropriate box that matches your membership category.

Professional 1 and 2 New

1st installment: \$141
2nd installment: \$141
3rd installment: \$141

Professional 1 and 2 Renew

1st installment: \$133
2nd installment: \$133
3rd installment: \$133

Associate

1st installment: \$100
2nd installment: \$100
3rd installment: \$100

Affiliate

1st installment: \$141
2nd installment: \$141
3rd installment: \$141

Support Staff

1st installment: \$82
2nd installment: \$81
3rd installment: \$81

Statewide Industry Partner

1st installment: \$1,007
2nd installment: \$1,006
3rd installment: \$1,006

STEP 1—Select your payment method

I, _____, authorize the California Association of Mortgage Brokers to charge my Checking Account Savings Account AMEX MasterCard Visa in 3 near equal installments based on the payment schedule.

This payment authorization is valid and to remain in effect unless I notify the California Association of Mortgage Brokers of its cancellation by sending a 30-day written notice. All membership dues installments are nonrefundable.

STEP 2—Complete this section only if making payment from checking or savings accounts.

(Go to Step 3 if paying with a credit card.)

Bank Name: _____
Bank Account Type: Checking Business Checking Savings
Bank ABA Routing Number: _____
(Your bank's routing number is on the lower left-hand side of your check. Do not include check number.)
Bank Account Number: _____

STEP 3—Complete this section only if paying from your credit card.

Card Number _____ Security Code* _____
Name of Cardholder _____ Expiration Date _____
Card Billing Address _____
City _____ State _____ Zip _____ Country _____

*Security Code is a 3 or 4 digit number on the back of your card following your card number (front of AMEX card).

STEP 4—Complete your contact information (you must complete all information below).

Name _____ Title _____
Company _____
Address _____
Business Telephone _____ Fax _____
Cell Phone _____ Email _____

STEP 5—Complete your authorization. (Required for any payment method.)

Signature _____ Date _____

STEP 6—Submit payment

Mail or fax this form with payment information and membership application to:
CAMB, 950 Glenn Drive, Suite 150, Folsom, CA 95630 • 916/448-823 Fax

Questions? For more information contact Gretel MacLeod at (916) 448-8236 or member@camweb.org.