



The National Money Transmitters Association, Inc.
Member Application-Renewal Form / Contributor Information Form

12 Welwyn Road, Suite C
 Great Neck, NY 11021
 tel (516) 829-2742
 fax (516) 706-0203
 www.nmta.us

	Category	Description	Minimum Annual Dues or Contribution
Member Type	Board	Must be a licensee	10,000
	Full	Must be a licensee	5,000
	Associate	Must be a licensee	2,500
	Standard	Single-state licensee (<3 locations)	1,000
	Agent	Agent of a licensee (See separate application form)	195 per location
	Correspondent	Non-licensee business	2,000
	International	Non-US entity	2,000
	Supporting	Non-licensee (gets an ad on the NMTA website)	1,000
Contributor Type	Government / Institutional	Federal-State-City-Foreign gov't agency or bank	1,000
	Non-Member Contributor	Individuals or entities wishing to show support	500

Member or Contributor Type: _____ Membership Dues or Contribution Enclosed: \$ _____

Begin Date: _____ Annual Renewal Date: _____

Name of Business: _____

Address: _____

Telephone No. (____) _____ Fax No. (____) _____ Email: _____

Contact Person: _____ Title: _____

If applicant is a money transmitter, please answer the following (continue on separate sheet if necessary.) Please explain all "No" answers to Questions 1 through 7, and all "Yes" answers to Questions 8 through 10 (agents use a different form):

1. Does the business have a written compliance program? Yes No
2. Does the business have a compliance officer? Yes No
3. Does the business have independent compliance audits? Yes No
4. Does the program provide for regular training of employees and agents? Yes No
5. Does the business have software to detect SDNs and structured transactions? Yes No
6. Is the business licensed in all jurisdictions where license is required? Yes No
 - a. Is the business registered with FinCEN as an MSB? Yes No
7. Are all of the applicant's paying correspondents licensed in their jurisdictions? Yes No
8. Has the business or its principals ever been convicted of money laundering? Yes No
9. Has the business or its principals ever been fined by any government agency? Yes No
10. Is the business or its principals under investigation by any government agency? Yes No

By signing this application, I certify the information contained herein is true to the best of my knowledge and belief. (Misrepresentation may be grounds for termination of membership.) I also affirm that the applicant, if engaged in the business of money transmission, is licensed in every jurisdiction in which it operates, where such license is necessary. (Owner, CEO and Compliance Officer names on the next page are required.)

Signature: _____

Dated: _____

Name: _____

Title: _____

Please return completed application and membership dues to the NMTA at the above address. Please fill in all requested information; statistics will be used in the aggregate only. Other than your name and membership level, all particular information provided in this application is held confidential and will be used solely to process your application for membership in the NMTA. However, please be advised that IRS rules require the NMTA to make all contributor records public, so no anonymity can be promised. Contributions, gifts or dues payments to the National Money Transmitters Association are not tax deductible as charitable contributions, however, they may be deductible as ordinary and necessary business expenses, or under other provisions of the Internal Revenue Code. A reasonable estimate of the portion of your dues allocable to non-deductible expenditures, is 5%. The preceding is not to be construed as tax advice, for which you should seek the services of a tax professional.



Comments

Member Name _____

You must designate one person to be your company's Official Representative to the NMTA. Please designate at least one Alternate Representative (possibly more), in case the Official Representative is unavailable for meetings or communications. These people will be your company's contact points for official notices, and will be empowered to vote on behalf of your company. Please also let us know the names, titles and email addresses of any members of your organization you feel would benefit from receiving NMTA updates, notices and Bulletins.

Name	Title	Email Address
_____	Owner	_____
_____	Owner	_____
_____	CEO	_____
_____	Compliance Officer	_____
_____	Designated Official Representative to the NMTA	_____
_____	Designated Alternate Representative to the NMTA	_____

Additional Members of Your Organization to Receive NMTA Bulletins and General Info

Name	Title	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



NMTA Member Statistical Survey Questionnaire (for Money Transmitters Only)

Name of Company: _____

Date: _____

	Question	Answer
1. *	Total number of agents	
1a.	Total number of branches	
2. *	Total number of states where you have agents or branches	
3. *	Total number of payout countries	
4.	Total number of employees	
5.	Total annual dollar volume	
6.	Total annual no. of sends	
1. * List number of agents by state.		
2. * List the names of the states and countries where you have originating agents.		
3. * List the names of the countries to which you send money.		
Your Comments		

This information is being gathered for NMTA statistical purposes; we must be able to describe the characteristics our membership comprises. Your company's individual data will never be disclosed.

Please fill in more detail or attach separate sheet if more space is needed for all questions with asterisk *



Pro-Forma 'Invoice' for Dues / Contribution

This 'invoice' for your generous, voluntary contribution is being provided for your convenience, for bookkeeping purposes only. Please fill out this form and enclose a check in the amount corresponding to the membership level you desire. Thank you.

Date _____

Contact Name _____

Company Name _____

NMTA Membership – Annual Dues / Contribution

NMTA Member/Contributor Type: _____

Annual Dues/Contribution (Please remit) _____

Membership Year from _____ to _____

Category	Minimum Annual Dues
Board	10,000
Full	5,000
Associate	2,500
Standard	1,000
Agent (per location)	195
Correspondent	2,000
International	2,000
Supporting	1,000
Government/Institutional	1,000
Non-Member Contributor	500

Please indicate the membership level you desire	Your Contribution
<input type="checkbox"/> Board <input type="checkbox"/> Full <input type="checkbox"/> Associate <input type="checkbox"/> Standard <input type="checkbox"/> Agent <input type="checkbox"/> Correspondent <input type="checkbox"/> International <input type="checkbox"/> Supporting <input type="checkbox"/> Government/Institutional <input type="checkbox"/> Non-Member Contributor	Please remit: \$ _____

Thank you!