



The National Money Transmitters Association, Inc.

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

### Agent Membership Application

Name(s) of Owner(s) of Agency: \_\_\_\_\_

Title(s): \_\_\_\_\_

Name of Business: \_\_\_\_\_

Complete Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Telephone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact Person	Title	Alternate Telephone Number

Please list all the Licensed Remittance Companies your agency represents:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Total number of employees at this agent location (including owners):	
Main destination countries:	
Main language(s) spoken	

Please fill out a separate form for each location; dues are \$195 per location, per year. Only one NMTA membership sticker per location will be issued. Membership sticker is to be returned to the NMTA if Agent Membership is ever terminated for any reason. Agent membership is only valid as long as Agent represents a licensed remittance company. Please return completed application and membership dues to the NMTA at the above address. Online applications are available, and dues may also be paid online at [www.nmta.us](http://www.nmta.us). Agent Membership lasts for one year, and starts when application and payment are received.

By signing this application, I certify the information contained herein is true to the best of my knowledge and belief. I affirm that the applying agency does business through only licensed remittance companies.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_