



Special Assets Management Association

AFFILIATE MEMBERSHIP APPLICATION

Please complete this form and return it to: SAMA Member Services, via fax at 800-718-9853, by email to membership@mysama.org, or by mail to 2321 Rosecrans Ave. Suite 3270 El Segundo, CA 90245.

INDIVIDUAL INFORMATION (Please print or type)

Mr. Ms.

First Name: _____ Last: _____ MI: _____

Nickname: _____ Title _____

Institution Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email _____

Website: _____

PAYMENT INFORMATION

* Dues to the Special Asset Management Association are not deductible as a charitable contribution for federal income tax purposes, but may be deductible as an ordinary and necessary business expense.

Check enclosed** (see proration), or

VISA MasterCard AMEX

Diners Club Discover Card Other _____ Amount\$ _____

Account Number _____ Expiration Date _____

Signature _____

(I understand my signature authorized the Special Assets Management Association to charge my credit card for this purchase)

In order to process your application expeditiously, please provide us with the following information and return with your membership application.

1. Company bio or summary of your business services or products
2. Your bio
3. Completed SAMA Affiliated Membership Questionnaire
4. A check for your annual dues. Dues for an Affiliate Membership are \$995 per calendar year. The check should be made payable to: Special Assets Management Association (SAMA)

In the event the SAMA Board of Directors determines your application fails to meet the criteria established for membership, your annual dues check will be returned.

Return application form and requested documents to:

Special Assets Management Association
 Attn: Membership Application
 2321 Rosecrans Ave. Suite 3270
 El Segundo, CA 90245



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AFFILIATE MEMBERSHIP QUESTIONNAIRE

In order to expedite a timely approval process of your application, please provide the following information and return with your membership application

1) The date your organization began providing services to FDIC insured financial institutions.

Date: _____

2) My company is a past sponsor/exhibitor at a SAMA event: Yes No If yes, please list below.

Year: _____ Event: _____

I have attended a SAMA Conference: Yes No Year: _____

3) List of at least **three** special assets professionals that you serve. Please include a contact name, **e-mail address** (required) and telephone number.

4) We would like to be contacted for sponsorship opportunities for SAMA's educational series.

Yes No

Return your questionnaire and requested documents to:

Special Assets Management Association

Attn: Membership Application

2321 Rosecrans Ave. Suite 3270

El Segundo, CA 90245