



## CALIFORNIA FINANCIAL SERVICES ASSOCIATION APPLICATION FOR *ASSOCIATE* MEMBERSHIP

---

*The general purpose of CFSA is to provide a common support network for finance companies in an effort to advance and protect their legitimate business interests while offering consumer finance products in California.*

Associate membership is made available to qualified business entities actively engaged in providing financial services related products or insurance to Finance Lenders in the state of California.

### **General Requirements**

---

- ❖ Applicant must subscribe to and support the purposes of the California Financial Services Association.
- ❖ Applicant, subsidiary, affiliate, or parent-corporation, shall be actively engaged in providing financial services related products or Insurance to the Financial Services industry for at least one year.
- ❖ Applicant's business operations must be of high ethical standards.
- ❖ Applicant's operations and practices must comply in good faith with all federal, state, and local laws and regulations.
- ❖ Applicant and partners or principal officers of applicant (when applicant is a partnership or corporation) should have a personal and business reputation of high integrity and morality.
- ❖ Applicant is and will be willing to abide by CFSA By-Laws, and any and all of CFSA's Code of Ethics, policies, and practices which have been, or will be, adopted by the CFSA for the good of the financial services industry, and agrees to be bound by decisions of the CFSA Board of Directors.
- ❖ Applicant must pay promptly any dues, fees, etc. payable at time of application.

### **Types of Membership:**

---

***Our membership is comprised of*** companies actively engaged in either automobile sales contracts, retail sales contracts, small personal loans of both secured and unsecured, real estate secured financing, and credit card issuing. All members operate in California.

***Independent Section Members*** include family owned & small entrepreneurial lending institutions. The Independent Section is a sub-organization of CFSA and is designed to promote issues, which most affect the small lender. The Independent Section affords its members frequent opportunities to network and exchange ideas with colleagues in the industry at meetings, owner's workshops, and management training seminars.

***Associate Members*** are the support vendors who supply CFSA Lender Members with services that are necessary to their businesses: **Associate Member dues are \$1000 per year.**

---



CALIFORNIA FINANCIAL SERVICES ASSOCIATION  
APPLICATION FOR *ASSOCIATE* MEMBERSHIP

---

**1. The undersigned hereby applies for Associate Membership in the California Financial Services Association.**

Business Name \_\_\_\_\_

Your Name \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Website: www. \_\_\_\_\_

**1a. How long at this address?** \_\_\_\_\_

---

**2. Name of owner, partners, officers and their titles** \_\_\_\_\_

Name Title

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

---

**3. Name of person responsible for payment of annual dues if different from item #1:**

Name \_\_\_\_\_ Street Address \_\_\_\_\_

P. O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

---

**4. Name and email address of those within your company whom you would like to receive email communications: Meeting notices:** \_\_\_\_\_

\_\_\_\_\_

**Legislative & legal alerts:** \_\_\_\_\_

\_\_\_\_\_

**5. Nature of service you would provide to member companies of CFSA:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(Please be specific** This provides us with information that enables us to be of better service in our working relationship0)

---

**6. Date business established.**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

---



CALIFORNIA FINANCIAL SERVICES ASSOCIATION  
APPLICATION FOR *ASSOCIATE* MEMBERSHIP

7. *Business associations (local, state, and national) of which the business entity is a member.*

---

8. How did you learn about CFSA? \_\_\_\_\_

---

9. List two references that are currently CFSA member companies.

Name \_\_\_\_\_ Company \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_ Phone ( ) \_\_\_\_\_

---

10. **Annual Membership Fees/Dues** ..... **\$1000**

**Please make Checks payable to CFSA**

**And Mail to 2718 Wrendale Way, Suite 200, Sacramento, CA 95821**

---

11. Associate Membership dues paid to CFSA are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. The majority of the dues, however, is not deductible as an ordinary and necessary business expense to the extent that CFSA engages in lobbying. The nondeductible portion of the dues is typically 88.00%.

\_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

(signature)

\_\_\_\_\_

(title)

\_\_\_\_\_

(print name)

\_\_\_\_\_

(date)

\*\*\*Blank spaces could delay approval of your application\*\*\*