

## APPLICATION FOR MEMBERSHIP

### FIRM NAME

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Principal UAEL Contact / Title

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### MAILING ADDRESS

Address

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City

State

Zip

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Phone (       )

Fax (       )

Toll-Free (       )

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Web Site

E-Mail

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In Business Since

No. of Employees

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How did you hear about UAEL?    Mailer    Newline    Website    UAEL Member    UAEL Regional Event    Other

Member who referred you and/or event you attended:

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### CATEGORIES & FEE SCHEDULE

*Dues are not charitable contributions under Federal Internal Revenue Codes but may be deductible as a business expense.*

#### Broker/Lessor

Originating funded transactions that total between \$0 and \$10 million a year.

**\$595.00**

#### Broker/Lessor

Originating funded transactions that total between \$10 and \$20 million a year.

**\$995.00**

#### Broker/Lessor

Originating funded transactions that total above \$20 million a year.

**\$1,295.00**

#### Funding Source

Funding transactions that can be originated internally and externally.

**\$1,995.00**

#### Service Provider

Service provider to the leasing industry employing less than six leasing employees.

**\$795.00**

#### Service Provider

Service provider to the leasing industry employing six or greater leasing employees.

**\$1,495.00**

### PAYMENT

Check    Visa    Mastercard    American Express    Discover   CARD NO. \_\_\_\_\_   EX DATE \_\_\_\_ / \_\_\_\_

*Our firm agrees to accept, endorse and abide by the Standards of Professional Practice. We certify that the person signing this application has the authority to apply for membership in the Association and to subscribe to the UAEL Code of Professional Practice and UAEL Dispute Resolution Procedures for the firm.*

Print Name

Signature

Date / /

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*(Please print name as it appears on card.)*