

Mid-Atlantic Business Intermediaries Association, Inc. (MABIA)

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MABIA Membership Application



MABIA Board of Directors must approve all members. If, upon the receipt of this application, the Board determines that the applicant qualifies for membership and an opening exists, then the board will distribute this proposal to the full membership for comment prior to making a decision on membership. Applicant accepts and will abide by the Association's Bylaws and Codes of Ethics (available upon request). The Board of Directors and Officers of MABIA, acting as such, shall have no liability whatsoever to members including applicant. This application and applicant's membership in MABIA is subject to acceptance by the Board of Directors and payment of dues by applicant.

Regular Memberships are \$100 annually or Associate Memberships are \$300 annually.

Membership Category (check one): Regular Member _____ or Associate Member (Allied Professional) _____

Proposed Member's Name: _____ Nick Name: _____

Company Affiliation: _____

Title: _____ Position: _____

Responsibilities: _____

Business Address: _____

Alternative Address: _____

Phone - Office: _____ Fax: _____ 800 _____

Cell: _____ Home: _____ Home fax: _____

E-Mail Address: _____ Website: _____

Business Brokerage Experience and Beginning Year: _____

Specialties: _____

Licenses: _____

Professional Designations: _____

Professional Organization Memberships: _____

Applicant's Signature _____ Date: _____

Please leave the following lines blank:

Comments by MABIA Official: _____

Sponsor's Name (if any): _____

Sponsoring Member Signature (if any): _____ Date: _____