

Regular Membership

Tennessee Installment Lenders Association Membership Application

 Associate Membership 				
I,			of the	
(Company Representative)		(Representative Title)		
	(Company Na	nme)		
(Mailing Address)	(City)	,(State)	(Zip)	
Office Phone:				
Office Address:				
Email Address:				
Company Web Address:				

I do hereby apply for membership in the Tennessee Installment Lenders Association (a non-profit Trade Association).

I do hereby agree to pay dues as fixed by the Board of Directors and billed to me by the Association.

I shall make an effort to attend the meetings of the Association, and will appreciate your notifying me of the time and place. You may address all communications in the future to my attention and unless otherwise notified, I will represent my firm in Association affairs. I understand that all offices in which I am interested in the State of Tennessee must also be declared in order to qualify this application for membership. I pledge my complete cooperation and I will conduct my business in such a manner as to reflect credit to the industry.

I understand that I must attach a complete listing of all offices located in Tennessee with this application.

Please provide 2	-		
1. Company Name: Co. Rep. Name:			
Company Address:			
City:	State	Zip:	
2. Company Name:			
Co. Rep. Name:			
Company Address:			
City:	State	Zip:	
Applicant Signatu	ıre:		Date:
E-mail or mail you	r application	along with the lis	t of all offices to:
Tennessee Installmen Attn: Vivian Paris	ıt Lenders Asso	ociation	
PO Box 190053 Nashville, TN 37219			
Vivian Paris	0 1		
tninstallmentlendersas	soc@gmail.com		

JOIN THE PATH TO PROGRESS – FINANCING TENNESSEE'S FUTURE