



National Credit Reporting Association, Inc.

Requirements for General and Certified Membership

Membership in NCRA shall be granted to consumer-reporting agencies, which are in compliance with the general requirements of the bylaws of the association and the Fair Credit Reporting Act and other applicable Privacy laws. A consumer-reporting agency, which compiles and maintains information on consumers on a nationwide basis for sale to other consumer reporting agencies, is not eligible for membership as a General or Certified member. It must continue to be in compliance with these requirements in order to retain membership.

Certified Membership

1. A consumer-reporting agency must be in successful operation with the same name and ownership for the immediate preceding two years before it is eligible for Certified membership and it must continue successful operation in order to retain membership.
2. An agency must:
 - a. Compile all consumer reports as defined in the Fair Credit Reporting Act and for purposes as defined in that Act and in full compliance with all provisions of that Act.
 - b. If the consumer reports are to be used for the mortgage lending and/or resident screening industry then the rules of HUD, FHA, FMHA, VA, Fannie Mae or Freddie Mac must also be strictly followed to retain membership.
 - c. Comply with all city, county, state and federal laws relating to general business operation and consumer reporting agencies.
3. An agency must maintain a sufficiently strong financial position so as to reasonably assure its continued operation.
4. An agency's owners/management must:
 - a. Have and maintain an acceptable credit reputation for personal and financial integrity.
 - b. Advise NCRA of any past or future criminal convictions of its owners/management.
 - c. Advise NCRA of any past or future Consent Orders or criminal judgments levied against the agency.
 - d. Advise NCRA of any changes in name(s) and address(s) used by the agency.
 - e. Advise NCRA of any ownership/management changes within the agency.
5. An agency must:

- a. Abide by NCRA's Constitution and Bylaws and such other rules or policies, which may be adopted by the Board of Directors.
- b. Do such other things as the Board of Directors may determine is in the best interest of the NCRA membership.
- c. Shall be recommended for NCRA membership by a Certified NCRA member.

General Membership

General members of NCRA must meet all of the criteria of Certified members except that of section 1 and section 5c above. The following stipulations must be met to qualify for general membership and then, after successful un-interrupted business operation and membership for a two year period the general member may request to become a certified member.

1. A consumer-reporting agency must be owned or managed by a person who has been an owner or manager of a successful consumer reporting company for at least two years before it is eligible for General membership.
2. The agency must provide a recommendation from a certified member along with their annual membership renewal application requesting membership status change from general membership to certified membership status.

Membership Fee

A **non-refundable \$250.00** application fee is due at time of submission. After review, if application is denied, the fee will be retained by NCRA.

MEMBERSHIP APPLICATION

National Credit Reporting Association, Inc. DBA NCRA and/or National Consumer Reporting Association
 Attn: Jan Gerber
 701 E Irving Park Road – Suite 306 – Roselle, IL 60172
 Tel: (630) 539-1525

All information submitted will be held in the strictest confidence and will only be used for purposes of evaluating the ability of the applicant to meet the Qualifications and Requirements for NCRA Membership

Applicant's Agency Name: _____

Main Contact Name: _____

Street Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone (Management): _____ Reporting Office: _____

Fax Number: _____

Website Address: _____

Federal Tax ID # _____

Date Agency Created: _____ Published as: Proprietorship Partnership Corporation (C, S, LLC)

Referred by: _____

OWNERSHIP

Names of Officers & Managers	Title	% of Ownership	Yrs of Credit Experience	E-Mail Address

Note: Please attach a resume or bio for all officers and manager.

OPERATIONS

Are your employees FCRA certified? _____ Number of employees that are FCRA certified: _____

	Types/Names of Consumer Reports Issued	Length of Issuance	Number Issues Per Year
1.			
2.			
3.			
4.			
5.			
6.			

Consumer reporting software systems in use: _____

Are you an Affiliate of the vendor?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you affiliated with any national repository?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If yes, which repository?</i>				
Do you purchase your credit files directly from the national repositories?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you purchase your credit files from an affiliate broker?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If yes please provide supplier:</i>				
Do you presently have E & O Insurance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you currently a member of another industry trade association? i.e.: CDIA, NAPBS, NAA, NMFHC, MBA, NAMB, other? If so, please list below.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Has your organization ever been subject to an FTC or CFPB consent order? If so, please provide reference to that settlement.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you and your subscribers comply in all respects with the requirements of the Fair Credit Reporting Act? (Disclosures Decline Notices, Re-Investigations, etc.)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If no, please explain your policy:

Does your organization have other reporting office locations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please identify by business name, city, state, zip and manager's name below				

Location #1

Agency Name _____ Managers Name: _____

Street Address _____ E/Mail: _____

City _____ State _____ Zip _____

Tel. No. _____ Fax No. _____

Location #2

Agency Name _____ Managers Name: _____

Street Address _____ E/Mail: _____

City _____ State _____ Zip _____

Tel. No. _____ Fax No. _____

If you have additional locations, please use the backside or a separate sheet to list additional offices.

MEMBERSHIP DUES CALCULATION REQUEST FORM – FINANCIAL

GENERAL/CERTIFIED MEMBERSHIP

The dues to be paid by each Consumer Reporting Agency are determined by the Agency's employee count of ALL employees who directly or indirectly produce or support the sales, compliance, production, customer service, management, technology and accounting of consumer reports. Total employees also count part time employees on a pro-rated basis per hours worked in consumer reporting or supporting roles.

Employee Based Dues Schedule	
<input type="checkbox"/> < 5	\$ 500.00
<input type="checkbox"/> 6 – 35	add per employee \$ 100.00
Annual dues per employee example:	
12.....	\$1,200.00
21.....	\$2,100.00
35.....	\$3,500.00
<input type="checkbox"/> 36 -99.....	\$4,500.00
<input type="checkbox"/> 100 – 500.....	\$5,500.00
<input type="checkbox"/> > 500.....	\$7,000.00
\$100 fee for each additional office location registered	

Please note – Some members are “Dual” membership – They are both General or Certified CRA's and Associate (Vendors to CRA's – Annual Dues \$1,000.) For those firms the Associate portion of their membership dues is 50% less or \$500 annually.

Application Fee (non-refundable) \$250.

Member Re-Instatement Fee – Less than 12 months since membership has dropped \$1,000 plus 1 year prepaid membership dues. Greater than 12 months since membership has dropped \$2,500 plus 1 year prepaid membership dues.

Payment Options:

For **Check Payment** – Please make check out to NCRA, Inc.

For **Credit Card Payment** please circle the card you authorize us to charge.

Company Name: _____

Name as it appears on card: _____

Amount to be charged to your credit card:

Card number last

4 digits only _____ For security please call the office with your card info.

Signature Required: _____

Please be sure to enclose copies of the following materials with this application:

	Check in the amount of \$250 for processing of your membership application. Upon denial of your application, the fee will be retained by NCRA.
	Resume and/or bios for all officers and managers.
	List of names and addresses of three (3) clients.
	Sample of End User service contract.
	Sample of each type of consumer report issued.
	Proof of E&O Insurance, <i>(if currently covered, otherwise insurance may be obtained through NCRA's current provider).</i>

I hereby authorize an investigation, without liability, of all statements contained on this questionnaire. All answers to this questionnaire are correct, to the best of my knowledge. I understand that any false statement will be sufficient cause for disapproval of membership in NCRA.

I have read the General Qualifications and Requirements for Membership and I agree to adhere to them, if accepted for membership. I further agree that I will pay such dues, while a member of the Association, as may be established by NCRA Board of Directors. I further understand that any information that I furnish will be used solely for the purpose of evaluating my membership application and such operating information, as may be furnished in the future, shall be used only for statistical purposes and for purposes of calculating dues.

Any standard form provided by NCRA should be reviewed by the member's own legal counsel. Although NCRA makes every effort to insure that all forms it makes available to members comply with known federal laws at the time the form is drafted, NCRA cannot and does not warrant that a particular form, if challenged in court or otherwise, will not be held invalid in whole or in part by a court or other competent authority. In such event, NCRA cannot be responsible to the member(s) affected

I hereby certify that all information listed above is true and accurate.

Signed this _____ Day of _____ 20__

Applicant Agency Name: _____

Applicant Name (Print Name): _____

Applicant Signature: _____