



Land Title Association of Arizona Membership Application

Please check box from the list to the right and enter appropriate fee:

Dues – **Expires March 31, 2012:** \$ _____

Total Amount: \$ _____

CLASSIFICATION/DUES

- Underwriter with Direct Operations- \$4,600
- Underwriter without Direct Operations- \$3,500
- Large Agent - \$1,400 (*Over 100 Employees*)
- Medium Agent - \$950 (*50-100 Employees*)
- Small Agent - \$650 (*25-49 Employees*)
- Small Agent - \$400 (*less than 25 Employees*)
- Affiliate - \$350

LTAA Database/Directory Information

Please fill out the information below to be added to our database for mailings and to be included in the next directory.

Name: _____

Title: _____

Company Name: _____

Main Office Address: _____

Office City/State/Zip: _____

E-mail: _____

Office Phone: () _____

Office Fax: () _____

Date: _____

Applicant Signature

Membership Information

All applications for membership will be considered at the first Board Meeting held following application submission and receipt of membership dues.

As you may be aware, political contributions are not deductible. In that a portion of your dues is used to monitor and influence legislation, that portion is not deductible as a business expense. Please be advised that 100% of your dues for 2011 are non-deductible for business purposes. We suggest you contact your tax advisor for specific guidance.

Licensing Information

(Please provide your License number in the following categories, if Non-Applicable please specify)

Escrow Agent # _____

Insurance License # _____

Board Meeting Representation – Non-Affiliate Members Only

(Please print the name of one person who will represent your firm at Board Meetings and also list one Alternate)

Board Member: _____

Email: _____

Alternate: _____

Email: _____

For office use only:

Please make check payable to LTAA and mail with this application to:
LTAA, 7225 W. Oakland Street, Chandler, AZ 85226-2433
Phone: (480) 496-4465 Fax: (480) 858-1802

Check #: _____

Approval Date: _____ Initial: _____

Other Information

For non-Affiliate members: Please provide contact information for at least two of your underwriters.

Name: _____
Company: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Email: _____

Name: _____
Company: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Email: _____

Name: _____
Company: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Email: _____

Name: _____
Company: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Email: _____