



# Land Title Association of Arizona Membership Application

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

Dues – **Expires March 31, 2011:** \$ \_\_\_\_\_

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.

*LTAA dues are not deductible as a charitable donation for federal tax purposes, but may be deductible as a business expense. Consult your tax professional.*

### 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: \_\_\_\_\_