



# Land Title Association of Arizona Membership Application

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

Annual Dues (based on calendar year): \$ \_\_\_\_\_

Dues pro-rated quarterly, please contact the office for amount

Total Amount: \$ \_\_\_\_\_

### CLASSIFICATION/DUES

Based on total company operations

- Underwriter with Direct Operations- \$5,000
- Underwriter without Direct Operations- \$3,750
- Large Agent\* - \$1,500 (Over 100 Emp.)
- Medium Agent\* - \$1,000 (50-100 Emp.)
- Small Agent\* - \$750 (25-49 Emp.)
- Small Agent\* - \$500 (6-24 Emp.)
- Small Agent\* - \$300 (1-5 Emp.)
- Affiliate - \$500 (non-title co.)

## LTA Database/Directory Information

Please fill out the information below to be added to our database for distribution. Also, please send company logo in a JPG or TIF format for the online 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.

### Licensing Information

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

Escrow Agent # \_\_\_\_\_

Insurance License # \_\_\_\_\_

May 2016

### 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:

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

Approval Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Please make check payable to LTA and mail with this application to:  
LTA, 70 S. Val Vista Dr., Suite A3-602, Gilbert, AZ 85296  
P: (480) 496-4465 F: (480) 496-4110 E: info@ltaonline.org

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