



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- \$3,500
- Underwriter without Direct Operations- \$2,500
- Large Agent* - \$1,100 (Over 100 Emp.)
- Medium Agent* - \$750 (50-100 Emp.)
- Small Agent* - \$500 (25-49 Emp.)
- Small Agent* - \$350 (6-24 Emp.)
- Small Agent* - \$350 (1-5 Emp.)
- Affiliate - \$350 (non-title co.)

LTAA 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

November 2022

Board Meeting Representation – Non-Affiliate Members Only

(Please print the name of one person who will represent your firm at Board Meetings if different from above 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, 70 S. Val Vista Dr., Suite A3-602, Gilbert, AZ 85296
P: (480) 496-4465 F: (480) 496-4110 E: info@ltaaonline.org

Check #: _____

Approval Date: _____ Initial: _____

Other Required 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: _____