



# MEMBERSHIP APPLICATION

LTAAL membership is based on a calendar year; all memberships expire on Dec. 31st of the year you obtained membership. Memberships automatically renew on Jan. 1st each year for the full amount. If you pay with a credit card, your card will be charged on Jan. 1st of each year for membership dues unless you cancel your authorization by logging into your [My Account](#) portal. If you pay by a check, an invoice will be emailed to you on Jan. 1 of each year and must be paid within 30 days. If payment is pending, your membership will be inactive. Failure to pay within 30 days will result in your membership being cancelled.

① IDENTIFY MEMBERSHIP TYPES						
MEMBERSHIP DESIGNATION	QUANTITY EACH		ANNUAL MEMBER DUES (PRORATED RATE)			TOTAL DUES PER DESIGNATION
<input type="checkbox"/> Agent Member* ( <i>attorneys and licensed title agents</i> )		x	\$200.00 each	Max \$800 per agency*	=	
<input type="checkbox"/> Agent Staff Addon (non-voting)		x	\$ 50.00 each	Max \$200 per agency*	=	
<input type="checkbox"/> Abstractor Member		x	\$100.00 each		=	
<input type="checkbox"/> Underwriter Member		x	\$200.00 each		=	
<input type="checkbox"/> Associate Member		x	\$300.00 each	Max \$1,200 per vendor*	=	
			Total		=	

\* The maximum only applies when all memberships for a particular organization register and pay collectively.

② APPLICANT			
APPLICANT NAME (MUST BE AN INDIVIDUAL)		COMPANY NAME	
STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS		
MEMBERSHIP DESIGNATION (IF APPLICABLE)			
<input type="checkbox"/> Agent <input type="checkbox"/> Agent Staff <input type="checkbox"/> Abstractor <input type="checkbox"/> Underwriter <input type="checkbox"/> Associate <input type="checkbox"/> Accounting/Non-Member – I will manage billing only			

③ MEMBERS		
MEMBER	ADDITIONAL MEMBER APPLICANT NAME (MUST BE AN INDIVIDUAL)	EMAIL ADDRESS
	MEMBERSHIP DESIGNATION <input type="checkbox"/> Agent <input type="checkbox"/> Agent Staff <input type="checkbox"/> Abstractor <input type="checkbox"/> Underwriter <input type="checkbox"/> Associate	
MEMBER	ADDITIONAL MEMBER APPLICANT NAME (MUST BE AN INDIVIDUAL)	EMAIL ADDRESS
	MEMBERSHIP DESIGNATION <input type="checkbox"/> Agent <input type="checkbox"/> Agent Staff <input type="checkbox"/> Abstractor <input type="checkbox"/> Underwriter <input type="checkbox"/> Associate	
MEMBER	ADDITIONAL MEMBER APPLICANT NAME (MUST BE AN INDIVIDUAL)	EMAIL ADDRESS
	MEMBERSHIP DESIGNATION <input type="checkbox"/> Agent <input type="checkbox"/> Agent Staff <input type="checkbox"/> Abstractor <input type="checkbox"/> Underwriter <input type="checkbox"/> Associate	

④ PAYMENT INFORMATION			
<input type="checkbox"/> Charge my: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		<input type="checkbox"/> Check # [ _____ ] Payable to LTAAL Enclosed	
CARD NUMBER	CVV	EXP. DATE	
BILLING ADDRESS (IF DIFFERENT FROM OFFICE ADDRESS)	CITY	STATE	ZIP CODE
NAME ON CARD (PRINT)	CARDHOLDER'S SIGNATURE		