

**WISCONSIN LAND TITLE ASSOCIATION
MEMBERSHIP APPLICATION**



New Membership Continuing Membership (company under new ownership)

Name of Business _____

Name of Applicant _____

Name of person(s) holding Wisconsin Insurance Intermediary's license on behalf of membership applicant _____

Main Office:

Address _____ City _____ County _____

State _____ ZIP _____ Telephone No. _____ Fax _____

E-mail _____ Web site _____

Owner's Name _____ Owner's Title _____

Other Names to be listed in directory under Main Branch: (Office Manager, Employees – List each person's title) _____

Branch Offices:

Other Counties which you have branches? (Fill out BRANCH OFFICE LISTING page & attach. Branch Office listings are \$150 each) _____

Classification: (check all that apply) Abstractor Title Insurance Underwriting Company

Agent for Title Insurance Underwriter Associate (related field not involved in Title Insurance Industry)

Name of Underwriter:: _____

Associate Members: (please describe what service your company provides) _____

References: REQUIRED FOR MEMBERSHIP CONSIDERATION

ALTA or WLTA Member Reference:	Financial Institution Reference:	Reference from Another Source
_____ (Name)	_____ (Name)	_____ (Name)
_____ (Company)	_____ (Company)	_____ (Company)
_____ (Address)	_____ (Address)	_____ (Address)
_____ (City, State, Zip)	_____ (City, State, Zip)	_____ (City, State, Zip)

Did a WLTA Member encourage you to join: Yes No If Yes, Who? _____

Fees:

- Main Office \$375
- Branch Office \$150 X _____ (# of branches) = \$ _____
- Underwriter \$2,000 includes two listing in directory. Additional listings @ \$150 ea. X _____ = \$ _____
- Associate \$200

The undersigned hereby applies for membership in the WISCONSIN LAND TITLE ASSOCIATION and agrees to abide by the by-laws and Code of Ethics of said Association. Applicant also understands that the use of the name WISCONSIN LAND TITLE ASSOCIATION depends upon good standing in the Association and agrees to cease the use of such membership and emblem if not in good standing. I (we) enclose herewith a check in the amount of \$ _____ for payment of my (our) dues for membership to the WISCONSIN LAND TITLE ASSN,

(Date)

(Signature of Applicant)