



**Wisconsin Land Title Association
Leadership Nomination Information Form**

Position Applying for: Director at Large _____ Region Director _____ Which Region? 1 2 3 4

Contact Information

Name: _____ Company: _____
Is your company a member of Wisconsin Land Title Assn.? Yes No *Note: You must be a member of WLTA to serve on the board.*
Business Street Address: _____ City: _____, Zip: _____
Home Street Address: _____ City: _____, Zip: _____
Note: WLTA Board members must be Wisconsin residents
Company Phone: _____ Cell Phone: _____
Email Address: _____

Title Industry Background

How long have you been in the title industry? _____
Do you hold a WI Intermediary Title Insurance License? Yes No
What is your title/position/duties with your current employment? _____

Previous employment/titles/positions you have held? _____

Association (Wisconsin Land Title Association) Participation

Have you attended a WLTA Spring Conference? Yes No Approximately how many? _____
Have you attended a WLTA Annual Convention? Yes No Approximately how many? _____
Have you attended the WLTA Pre Licensing Seminar? Yes No
Have you attended a WLTA Title Examiner Course? Yes No Which courses? I II III IV V VI Are you a graduate? Yes No
Have you attended a WLTA Title Examiner Graduate Course? Yes No Approximately how many? _____
Do you hold the WLTA designation-WLTP? _____ Do you hold the ALTA designation-NTP? _____
Have you attended a WLTA Closing & Escrow Course? Residential 1 Residential 2 Construction Commercial
Other WLTA Courses you have attended? _____
Have you served on the WLTA Board of Directors? Yes No What position and what years? _____

Have you been active on a WLTA Committee? Yes No Which Committees, positions and how many years?

List other WLTA Participation (examples: Instructor, Assistant instructor, Volunteer) _____

Awards/Recognition: _____

Other Affiliated Professional Association Participation (American Land Title Assn., REALTOR, Banking, etc;)

Organization: _____ Years: _____
Description of what your role was: _____
Accomplishments: _____

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Accomplishments: _____

Community Involvement/Participation:

Organization: _____ Years: _____
Description of what your role was: _____
Accomplishments: _____

Organization: _____ Years: _____
Description of what your role was: _____

Accomplishments: _____

Organization: _____ Years: _____

Description of what your role was: _____

Accomplishments: _____

Miscellaneous:

Why do you want to join the WLTA board and what can you contribute? _____

Anything else you wish to add:

Signature

Date

**Return this form to: Wisconsin Land Title Association
Laura Kocum, Executive Director
16 North Carroll Street, Suite 600
Madison, WI 53719
wlt@wlt.org
608-819-0150 Phone**

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WLTA Processing/Notes:

Date Received: _____

Form Complete? Yes No

Request for additional Information sent on (date) _____

Additional Information Received on: (date) _____

Forwarded to Nominating Committee (date): _____

Requests/Verifications from Nominating Committee: _____

Notes: _____

