PENNSYLVANIA LAND TITLE ASSOCIATION®
ORGANIZED 1921

50% off all new memberships after August 1st!

1010 West 8th Avenue, Suite H
King of Prussia, PA 19406
Phone: 800-545-7584 or 610-265-5980
Fax: 610-265-5998 | Email:info@plta.org

2017 INVITATION TO MEMBERSHIP

I, _____
First Name Middle Initial Last Name

(Individual or contact person for Agency/Company), hereby make application for membership in the Pennsylvania Land Title Association in the classification indicated below. ***If accepted into membership, I agree to abide by the Constitution, the By-Laws and the Code of Ethics and Conduct of the Pennsylvania Land Title Association.***

In what state(s) are you licensed? _____

Which underwriter(s) are you appointed with in Pennsylvania? _____

ALL APPLICANTS please provide information below:

Company Name: _____

Legal Name if above is a DBA: _____

Business Address: _____

_____

Phone Number: _____ Fax Number: _____ PA County:_____

Email Address: _____ Website: _____

Please indicate your class of membership:

☐ Title Agency: 0- 2 employees	~~$175~~ $87.50**(member benefits extend to employees)**
☐ Title Agency: 3-10 employees	~~$200~~ $100 **(member benefits extend to employees)**
☐ Title Agency: 11 - 19 employees	~~$300~~ $150 **(member benefits extend to employees)**
☐ Title Agency: 20 plus employees	~~$400~~ $200 **(member benefits extend to employees)**
☐ Individual Licensed Title Agent	~~$155~~ $77.50 **(only if company is not a current member)**
☐ Individual Affiliate	~~$250~~ $125 **(not engaged in the business of title insurance)**
☐ Company Affiliate	~~$400~~ $200 **(not engaged in the business of title insurance, member benefits extend to employees)**

*****Please include a separate list of employee names and email addresses so they can receive the benefits of membership.*****

_____I was referred by (name/company/ underwriter*) _____
***If underwriter, include name of your agency representative.**

_____I am joining because I heard/read about the PLTA. Where/When? _____

Are you interested in learning more about the Professional Designations? ☐ Yes ☐ No

Are you interested in learning more about Affiliate Program to make special offers to PLTA members? ☐ Yes ☐ No

PAYMENT PROCESSING: ***Dues must accompany application.*** **THANK YOU FOR YOUR SUPPORT OF THE PLTA!!**

❑ My check is enclosed payable to PLTA – please mail to: 1010 West 8th Avenue, Suite H, King of Prussia, PA 19406

❑ I would like to pay by credit card Type of card: ❑ Visa ❑ MasterCard ❑American Express ❑ Discover

Card#: _____ Expiration: _____
CVV code (on back of card):_____ Printed name of card holder_____
Signature of card holder_____
(Name/address on application must match the cardholder's name and address)

****Membership renewals for the upcoming year will be send out annually in November and due January 31st.****