



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 (member benefits extend to employees)**
- Title Agency: 3-10 employees **\$200 (member benefits extend to employees)**
- Title Agency: 11 - 19 employees **\$300 (member benefits extend to employees)**
- Title Agency: 20 plus employees **\$400 (member benefits extend to employees)**
- Individual Licensed Title Agent **\$155 (only if company is not a current member)**

Affiliates are law firms, mortgage companies, banks or industry sponsors:

- Individual Affiliate **\$250**
- Company Affiliate **\$400 (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!!

<input type="checkbox"/> My check is enclosed payable to PLTA – please mail to: 1010 West 8 th Avenue, Suite H, King of Prussia, PA 19406	
<input type="checkbox"/> I would like to pay by credit card	Type of card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> 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)	