



## 2018 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!!**

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|--|---|
| <input type="checkbox"/> My check is enclosed payable to PLTA – please mail to: 1010 West 8 <sup>th</sup> 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)   |   |