



New York State Land Title Association, Inc.
Tradition, Excellence, Knowledge and Vision

Title Insurance:
Protecting Your Piece of the Planet

Z1
SPECIAL REDUCED MEMBERSHIP OFFER!
PLEASE JOIN NYSLTA TODAY. PRESERVE YOUR FUTURE IN THE TITLE INSURANCE
INDUSTRY.

FLAT RATE \$250.00

***Optional-Donation to the NYSLTA Agents Special Fund Suggested Amount \$50.00 or more**

Dues Rate: \$250.00
Total additional County Listings: \$_____ (\$50.00 per county)
Total Remitted: \$_____ Referred by: _____

NOTE: 10% of dues are NOT tax deductible. Dues are tax deductible to the fullest extent of the law. NYSLTA is a 501(c) (6), not for profit incorporated trade association.

COMPLETE INFORMATION EXACTLY AS YOU WISH IT TO APPEAR IN THE DIRECTORY AND WEBSITE

COMPANY NAME: _____

COUNTY OF OFFICE LOCATION: _____

STREET ADDRESS: _____

CITY: _____

TELEPHONE: (____) _____ FAX (____) _____

E-MAIL: _____ WEBSITE: _____

INDIVIDUAL NAME AND TITLE: _____

INDIVIDUAL NAME AND TITLE: _____

TO PAY BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING
(*Visa or MasterCard accepted only*)

Visa MasterCard Expiration Date _____

Cardholder Name Account# Amount \$

Street Address State Zip Code

Signature

IF PAYING BY CHECK
PLEASE MAKE CHECK PAYABLE TO:
NEW YORK STATE LAND TITLE ASSOCIATION, INC.
TWO RECTOR STREET, SUITE 901
NEW YORK, NY 10006

LISTINGS WILL ONLY APPEAR IN THE DIRECTORY AND WEBSITE UNDER COUNTIES WHERE A PHYSICAL OFFICE IS LOCATED. THERE IS NO ADDITIONAL CHARGE FOR SUCH LISTING. TO BE LISTED IN COUNTIES WHERE YOU DO NOT MAINTAIN AN OFFICE, BUT DO CONDUCT BUSINESS, YOU MUST PAY A FEE OF \$50.00 PER COUNTY.

ADDITIONAL COUNTY LISTING: (Listings are \$50.00 per county) Enter total number of additional counties for all offices. Multiply number of additional counties by \$50.00. Enter Total Below as part of your dues.

Please list your additional Counties;

The undersigned applies for regular membership in the New York State Land Title Association, Inc.

Number of years engaged in the business of abstracting and/or insuring titles: _____

Please check appropriate statement of eligibility below:

_____ The applicant herein is an abstractor or abstract company actively engaged in the business of abstracting and/or examining titles in the State of New York and has its principal place of business in the State of New York.

_____ The applicant herein is a title insurance agent actively engaged in the business of abstracting and/or examining titles and issuing policies of title insurance in the State of New York and has its principal place of business in the State of New York.

Identify by marking with an "X" all underwriters for which your company is an authorized agent:

- | | |
|---|--------------------------------------|
| _____ Chicago Title | _____ Commonwealth Land Title |
| _____ Fidelity National Title | _____ Lawyers Title |
| _____ First American Title | _____ Northeast Investors Title |
| _____ Nations Title | _____ New Jersey Title Insurance Co |
| _____ Old Republic National | _____ Stewart Title |
| _____ The Security Title Guarantee Co. Of Baltimore | |
| _____ Ticor Title | _____ Washington Title Insurance Co. |
| _____ Westcor Land Title Ins. Co. | |

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