

**APPLICATION FOR REGULAR MEMBERSHIP
ABSTRACTERS AND TITLE INSURANCE AGENTS SECTION**

Members shall be limited to abstracters, abstract companies and title insurance agents actively engaged in the business of abstracting and/or examining titles in the State of New York and having their principal place of business in the State of New York (Constitution and By-Laws, Article V, Section 2).

Annual dues for regular membership are based upon the total number of employees according to the schedule listed below. You will be listed in the Association Directory and Website under the county or counties where you have physical offices. Listings in additional counties you service may be purchased for \$50.00 per additional county. A check payable to "NYSLTA" for regular membership dues and additional county listings, if any, must accompany this application.

DUES SCHEDULE:

| | | |
|-------|-----------|------------|
| 1-3 | employees | \$265.00 |
| 4-7 | employees | \$400.00 |
| 8-10 | employees | \$575.00 |
| 11-15 | employees | \$750.00 |
| 16-20 | employees | \$880.00 |
| 21 + | employees | \$1,320.00 |

ADDITIONAL COUNTY LISTINGS: (Listings are \$50.00 per county) SEE REVERSE SIDE. ENTER TOTAL NUMBER OF ADDITIONAL COUNTIES FOR ALL OFFICES BELOW. MULTIPLY NUMBER OF ADDITIONAL COUNTIES BY \$50.00. ENTER TOTAL BELOW AS PART OF YOUR DUES.

ADDITIONAL COUNTIES _____ X \$50.00 = \$ _____

Dues Rate: \$ _____ + **Total additional County Listings:** \$ _____ = **Total Dues:** \$ _____ *

* (Payable to: "NYSLTA")

To: Sharon Sabol, Executive Vice President
New York State Land Title Association, Inc.
Two Rector Street, Suite 901
New York, New York 10006-1819

Date _____

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 abstracter 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:

- | | | |
|--|---|---|
| <input type="checkbox"/> Chicago Title | <input type="checkbox"/> Commonwealth Land Title | <input type="checkbox"/> Conestoga Title |
| <input type="checkbox"/> Fidelity National Title | <input type="checkbox"/> First American Title | <input type="checkbox"/> Lawyers Title |
| <input type="checkbox"/> Monroe Title | <input type="checkbox"/> National Title Insurance of NY | <input type="checkbox"/> Nations Title |
| <input type="checkbox"/> Northeast Investors Title | <input type="checkbox"/> Old Republic National | <input type="checkbox"/> Stewart Title |
| <input type="checkbox"/> Ticor Title | <input type="checkbox"/> Transnation Title | <input type="checkbox"/> United General Title |
| <input type="checkbox"/> Washington Title | _____ | _____ |

Name & Title: _____

Additional Offices or Names?

Company: _____

Check here and follow

Address: _____

instructions on reverse side

City: _____

Telephone: (____) _____ **Fax:** (____) _____

PLEASE COMPLETE INFORMATION ON REVERSE SIDE EXACTLY AS YOU WISH IT TO APPEAR IN THE DIRECTORY

INFORMATION FOR EACH COUNTY WHERE YOU MAINTAIN A PHYSICAL OFFICE.

IF YOU HAVE MORE THAN ONE OFFICE TO LIST, PLEASE COPY THIS FORM BEFORE FILLING IN THE INFORMATION. COMPLETE ONE FORM FOR EACH ADDITIONAL OFFICE LOCATION.

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 AND IDENTIFY EACH COUNTY IN THE SPACE PROVIDED BELOW. INCLUDE THESE ADDITIONAL COUNTIES IN THE TOTAL NUMBER OF COUNTIES ON THE FIRST PAGE OF THIS APPLICATION UNDER "ADDITIONAL COUNTY LISTINGS".

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: _____

INDIVIDUAL NAME AND TITLE: _____

INDIVIDUAL NAME AND TITLE: _____

INDIVIDUAL NAME AND TITLE: _____

INDIVIDUAL NAME AND TITLE: _____

_____**SEE ATTACHED PAGE FOR ADDITIONAL NAMES AND TITLES**

_____**LIST THIS OFFICE UNDER ADDITIONAL COUNTIES (\$50.00 EACH COUNTY) LISTED BELOW:**

TOTAL ADDITIONAL COUNTIES: _____ X \$50.00 = \$ _____ (include in total dues amount)

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.