



Title Co. (Regular) Membership Application Agency - 2009

Please complete and return with payment to:

NCLTA, 1500 Sunday Drive, Suite 102, Raleigh, NC 27607-5151 Phone: (919) 861-5584 Fax: (919) 787-4916

List information as it should appear in the electronic 2009-2010 Directory of Members.

(Directory information will be submitted to the American Land Title Association, NC Department of Insurance, and appear on the NCLTA web site, www.nclta.org.)

TITLE INSURANCE AGENCY MEMBERS: Corporations duly licensed by the State of North Carolina as Agents to issue assurances insuring North Carolina real estate titles in accordance with the laws of the State of North Carolina as an agent for a title insurer that is duly licensed by the State of North Carolina to insure North Carolina real estate titles. However, if a title insurer and any agent of said title insurer are managed or effectively controlled by the same persons or share any common officer, only the title insurer will be eligible for regular membership in the Association.

Name (Primary Contact) _____ License # _____ NCDOL NC State Bar
 Company _____ First Date of Operation _____
 Street Address _____
 Zip Code (if different from mailing address) _____
 Mailing Address _____
 City _____ State _____
 Zip Code _____ County _____
 Telephone (_____) _____ Toll-Free (_____) _____
 Fax (_____) _____ Toll-Free Fax (_____) _____
 Email Address _____ URL _____

—List Branches and Additional Personnel on Next Page—

Payment of organization dues is generally deductible as an ordinary and necessary business expense. Contributions or gifts are generally not deductible as charitable contributions for federal income tax purposes.

DUES SCHEDULE:

- Annual dues of \$700 (or \$350 for **first** year of operation or \$450 for **second** year of operation) per title agency (incl. one primary contact), **plus ...**
- Branches (No. _____ North Carolina branches). Annual dues of \$110 per branch. Please list names of representatives and addresses on next page
- Directory and Mailing Listings for Additional Staff members at the same address as Underwriter and Branch Members. Annual dues \$50. (No. _____ Additional Personnel). Please list names of employees on next page.

Agency dues \$700/\$450/\$350+ (# _____ Branches @ \$110 = \$ _____) + (# _____ Directory Listings @ \$50 = \$ _____) + *Special Assessment (\$1000)** = \$ _____

*Special government relations/lobbying assessment waived for first year of membership.

Total amount enclosed: \$ _____ (made payable to "NCLTA")

Enclose documentation of NCDOL licensing of both title agency and title agent (or attorney bar #).

We agree to abide by: the NCLTA Bylaws the ALTA "Principles of Fair Conduct"

Signature _____

Name(s) of Title Insurer(s), licensed in NC, for which you are appointed an Agent with NCDOL:

FOR OFFICE USE

NCLTA Agency 000-2250/100-3120 • Branches 000-2210/100-3060 • Additional Staff 000-2100/100-3090 • Assessment 000-2090/100-3100

CK # _____ AMT PAID \$ _____

CUSTOMER # _____ ORDER # _____

(This page may be photocopied if additional listings are required.)

Additional Main Office Staff (@\$50 ea.):

_____ Email _____
_____ Email _____

Branch Manager's Name (@ \$110)

_____ Email _____

Additional Staff (@\$50 ea.):

_____ Email _____
_____ Email _____

Street Address _____

Zip Code (if different from mailing address) _____

Mailing Address _____

City _____ State _____

Zip Code _____ County _____

Telephone (_____) _____ Toll-Free (_____) _____

Fax (_____) _____ Toll-Free Fax (_____) _____

Branch Manager's Name (@ \$110)

_____ Email _____

Additional Staff (@\$50 ea.):

_____ Email _____
_____ Email _____

Street Address _____

Zip Code (if different from mailing address) _____

Mailing Address _____

City _____ State _____

Zip Code _____ County _____

Telephone (_____) _____ Toll-Free (_____) _____

Fax (_____) _____ Toll-Free Fax (_____) _____

Branch Manager's Name (@ \$110)

_____ Email _____

Additional Staff (@\$50 ea.):

_____ Email _____
_____ Email _____

Street Address _____

Zip Code (if different from mailing address) _____

Mailing Address _____

City _____ State _____

Zip Code _____ County _____

Telephone (_____) _____ Toll-Free (_____) _____

Fax (_____) _____ Toll-Free Fax (_____) _____