

**WISCONSIN LAND TITLE ASSOCIATION  
MEMBERSHIP APPLICATION**



- New Membership       Returning Member       Ownership Change

**APPLICANT INFORMATION:**

Name of Business \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Title \_\_\_\_\_

Address Main Office: (In addition to the information below, fill out & attach the main & branch office listing data sheets)

Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Telephone No. \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web site \_\_\_\_\_

Owner (if different than name of applicant) \_\_\_\_\_

Name of person(s) holding Wisconsin Insurance Intermediary's license on behalf of membership applicant \_\_\_\_\_

**CLASSIFICATION:** (check the membership type you are applying for below)

**TITLE INSURANCE UNDERWRITER**

- Underwriter Main Office \$3,100. Includes two listings in 2 different locations:  
Main Office City \_\_\_\_\_ 2<sup>nd</sup> Listing City \_\_\_\_\_
- Underwriter Additional Physical Branch Offices \$150 ea. x \_\_\_\_\_ (# of branches) = \$ \_\_\_\_\_  
List Counties with Physical Branches: \_\_\_\_\_

**ABTRACTOR or AGENT FOR TITLE INSURANCE UNDERWRITER**

Which Underwriter(s) do you write for? \_\_\_\_\_

- Abstractor/Agent Main Office \$450
- Abstractor/Agent Physical Branch Offices \$150 ea. x \_\_\_\_\_ (# of branches) = \$ \_\_\_\_\_  
List Counties with Physical Branches: \_\_\_\_\_

**ASSOCIATE** (Individuals who work in a closely allied profession or business )

Please describe what service your company provides \_\_\_\_\_

- Associate Member \$250/person

**REFERENCE:** Underwriter Reference for Abstractor/Agent applicants ONLY:

Underwriter: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SIGNATURE:**

The undersigned hereby applies for membership in the WISCONSIN LAND TITLE ASSOCIATION and agrees to abide by the by-laws and Code of Ethics of said Association. Applicant also understands that the use of the name WISCONSIN LAND TITLE ASSOCIATION depends upon good standing in the Association and agrees to cease the use of such membership and emblem if not in good standing. I (we) make a payment in the amount of \$ \_\_\_\_\_ for payment of my (our) dues for membership to the WISCONSIN LAND TITLE ASSN.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

**PAYMENT METHOD:**

\***Check:** Made Payable to WLTA –Wisconsin Land Title Assn. Sent to address below.

\***Credit Card:** Please call us with your credit card information. For security purposes, do not email it.

**WISCONSIN LAND TITLE ASSOCIATION**

P.O. BOX 873, West Salem, Wisconsin 54669

608-786-2336

[www.wlta.org](http://www.wlta.org)

[kgilster@wlta.org](mailto:kgilster@wlta.org)