WISCONSIN LAND TITLE ASSOCIATION

BRANCH OFFICE

NEW MEMBERSHIP LISTING INFORMATION

****

BRANCH OFFICE ***(Copy this form for each new branch listing)***

NAME OF BRANCH_____

BRANCH OF WHAT COMPANY?_____

LOCATION OF MAIN COMPANY: CITY_____COUNTY_____

UNDERWRITER(S)_____

BRANCH ADDRESS: STREET_____SUITE _____P.O. BOX_____

CITY_____STATE_____ZIP_____

COUNTY_____

PHONE (_____)_____2ND PHONE (____)_____FAX (____)_____

WEBSITE_____

MAIN COMPANY CONTACT:

WHO IS IN CHARGE OF MAKING DECISIONS ON WLTA MATTERS IN BEHALF OF YOUR BRANCH?

NAME_____TITLE_____EMAIL_____

STAFF-PLEASE LIST ALL ADDITIONAL STAFF & EMAILS FOR THOSE WHO WORK OUT OF THE BRANCH OFFICE LISTED ABOVE & INDICATE WHETHER YOU WANT THEM TO RECEIVE WLTA EMAILS OR BE LISTED ON THE WLTA WEBSITE:

NAME	TITLE	EMAIL	SHOULD THEY: RECEIVE WLTA EMAIL? YES OR NO	SHOULD THEY: BE LISTED ON WLTA WEBSITE? YES OR NO

Add pages if necessary. Thanks!

WISCONSIN LAND TITLE ASSOCIATION
P.O. BOX 873, West Salem, WI 54669 608-786-2336 www.wlta.org kgilster@wlta.org