



AGENCY MEMBERSHIP APPLICATION

1 Full Name _____
 Company Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone () _____ Toll Free () _____
 E-mail _____ @ _____ Web _____

Completing this form serves management notice that you agree to be contacted by mail, phone, and e-mail

2 DUES STRUCTURE: SELECT ONE

_____ Agency Level 1 (0-10 employees)..... \$250.00
 _____ Agency Level 2 (11-15 employees) \$350.00
 _____ Agency Level 3 (over 25 employees) \$500.00

Total Due: \$ _____

Title Company _____
 Underwriter(s) _____

3 ADDITIONAL COMPANY LISTINGS

Name of Branch (if diff. from above) _____
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone () _____ - _____
 Email _____

Name of Branch (if diff. from above) _____
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone () _____ - _____
 Email _____

Name of Branch (if diff. from above) _____
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone () _____ - _____
 Email _____

Name of Branch (if diff. from above) _____
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone () _____ - _____
 Email _____

*Please attach sheet for additional listings

4 PAYMENT:

Please return this form, with payment to Kentucky Land Title Association – 305 W Nationwide Blvd. – Columbus, Ohio 43215 – Phone: 614-610-4624.