



**UNDERWRITER
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

Class Level	Gross Premiums Per Year	Dues Amount
I	More than \$50 million	\$10,000 plus \$100 for every \$1 M over \$50 M
II	\$10 to \$50 million	\$10,000
III	\$2 to \$10 million	\$7,000
IV	Up to \$2 million	\$3,500

TOTAL AMOUNT ENCLOSED \$ _____

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 - KYLTA is unable to accept credit card payments by phone. To pay by credit card, please visit www.KYLTA.org and click on Membership tab to Join.