



PENNSYLVANIA  
LAND TITLE  
ASSOCIATION

**25% off new  
memberships  
for 2020!**

1010 West 8<sup>th</sup> Avenue, Suite H  
King of Prussia, PA 19406  
Phone: 800-545-7584 or 610-265-5980  
Fax: 610-265-5998 | Email: info@plta.org

## 2020 INVITATION TO MEMBERSHIP

I, \_\_\_\_\_  
First Name Middle Initial Last Name

(Individual or contact person for Agency/Company), hereby make application for membership in the Pennsylvania Land Title Association in the classification indicated below. *If accepted into membership, I agree to abide by the Constitution, the By-Laws and the Code of Ethics and Conduct of the Pennsylvania Land Title Association.*

In what state(s) are you licensed? \_\_\_\_\_

Which underwriter(s) are you appointed with in Pennsylvania? \_\_\_\_\_

### ALL APPLICANTS please provide information below:

Company Name: \_\_\_\_\_

Legal Name if above is a DBA: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ PA County: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

### Please indicate your class of membership:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Title Agency: 0- 2 employees    | <div><b>To join online:<br/>www.plta.org<br/>Enter promo code:<br/>2020DUES25</b></div> | <del>\$175</del> <b>\$131.25</b> (member benefits extend to employees)     |
| <input type="checkbox"/> Title Agency: 3-10 employees    |   | <del>\$200</del> <b>\$150</b> (member benefits extend to employees)        |
| <input type="checkbox"/> Title Agency: 11 - 19 employees |   | <del>\$300</del> <b>\$225</b> (member benefits extend to employees)        |
| <input type="checkbox"/> Title Agency: 20 plus employees |   | <del>\$400</del> <b>\$300</b> (member benefits extend to employees)        |
| <input type="checkbox"/> Individual Licensed Title Agent |   | <del>\$155</del> <b>\$116.55</b> (only if company is not a current member) |

### Affiliates are law firms, mortgage companies, banks or industry sponsors:

- |   |   |
|---|---|
| <input type="checkbox"/> Individual Affiliate | <del>\$250</del> <b>\$187.50</b> (not engaged in the business of title insurance)                                   |
| <input type="checkbox"/> Company Affiliate    | <del>\$400</del> <b>\$300</b> (not engaged in the business of title insurance, member benefits extend to employees) |

\*\*\*Please include a separate list of employee names and email addresses so they can receive the benefits of membership\*\*\*

\_\_\_\_\_ I was referred by (name/company/ underwriter\*) \_\_\_\_\_

\*If underwriter, include name of your agency representative.

\_\_\_\_\_ I am joining because I heard/read about the PLTA. Where/When? \_\_\_\_\_

Are you interested in learning more about the Professional Designations? ☐ Yes ☐ No

Are you interested in learning more about Affiliate Program to make special offers to PLTA members? ☐ Yes ☐ No

**PAYMENT PROCESSING: Dues must accompany application.**

**THANK YOU FOR YOUR SUPPORT OF THE PLTA!!**

- ☐ My check is enclosed payable to PLTA – please mail to: 1010 West 8<sup>th</sup> Avenue, Suite H, King of Prussia, PA 19406
- ☐ I would like to pay by credit card    Type of card: ☐ Visa    ☐ MasterCard    ☐ American Express    ☐ Discover
- Card#: \_\_\_\_\_ Expiration: \_\_\_\_\_
- CVV code (on back of card): \_\_\_\_\_ Printed name of card holder \_\_\_\_\_
- Signature of card holder \_\_\_\_\_
- (Name/address on application must match the cardholder's name and address)