



PENNSYLVANIA  
LAND TITLE  
ASSOCIATION

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

**2019 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:

- Title Agency: 0- 2 employees **\$175 (member benefits extend to employees)**
- Title Agency: 3-10 employees **\$200 (member benefits extend to employees)**
- Title Agency: 11 - 19 employees **\$300 (member benefits extend to employees)**
- Title Agency: 20 plus employees **\$400 (member benefits extend to employees)**
- Individual Licensed Title Agent **\$155 (only if company is not a current member)**

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

- Individual Affiliate **\$250**
- Company Affiliate **\$400 (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!!**

<input type="checkbox"/> My check is enclosed payable to PLTA – please mail to: 1010 West 8 <sup>th</sup> Avenue, Suite H, King of Prussia, PA 19406	
<input type="checkbox"/> I would like to pay by credit card	Type of card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> 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)	