

TEXAS LAND TITLE ASSOCIATION
**ASSOCIATE
MEMBERSHIP
APPLICATION**



Company Name: _____

Office Address: _____

City: _____ State: _____ ZIP: _____

Main Phone: _____ Website: _____

Email for General Inquiries: _____

Type of Business: _____

MAIN/ PRIMARY CONTACT

Name: _____

Email: _____

Job Title: _____

DUES CONTACT

if different than main contact

Name: _____

Email: _____

Job Title: _____

DIRECTORY CONTACT

if different than main contact

Name: _____

Email: _____

Job Title: _____

If a member of TLTA recruited your company for membership, please provide their name and company:

Annual Dues are \$350 and are due with the application. You will be notified of your full membership following approval by the TLTA Board of Directors but you may begin enjoying the benefits of TLTA Associate Membership once your application and dues are received.

PAYMENT INFO:

Payment by check should be payable to :

Texas Land Title Association, 1717 W. 6th St. Suite 120, Austin, TX 78703

MasterCard VISA AMEX Discover

Card Number _____ Exp. Date _____

Signature _____

Applicant certifies to the association that the information contained herein is true to the best of his/her knowledge and belief.

Name: _____ Title: _____

Signature: _____ Date: _____