



New York State Land Title Association, Inc.

Tradition, Excellence, Knowledge and Vision

Title Insurance:
Protecting Your Piece of the Planet

Z2 FINAL DUES NOTICE 2009-10
ABSTRACTERS AND TITLE INSURANCE AGENTS SECTION

Members shall be limited to abstracters, abstract companies and title insurance agents actively engaged in the business of abstracting and/or examining titles in the State of New York and having their principal place of business in the State of New York (Constitution and By-Laws, Article V, Section 2).

Annual dues for regular membership are based upon the total number of employees according to the schedule listed below. You will be listed in the Association Directory and Website under the county or counties where you have physical offices. Listings in additional counties you service may be purchased for \$50.00 per additional county. A check payable to "NYSLTA" for regular membership dues and additional county listings, if any, must accompany this application.

DUES SCHEDULE:

Table with 3 columns: Employee count (1-3, 4-7, 8-10, 11-15, 16-20, 21+), Employee type (employees), and Dues amount (\$430.00, \$595.00, \$815.00, \$1,035.00, \$1,200.00, \$1,750.00)

ADDITIONAL COUNTY LISTINGS: (Listings are \$50.00 per county) SEE REVERSE SIDE. ENTER TOTAL NUMBER OF ADDITIONAL COUNTIES FOR ALL OFFICES BELOW. MULTIPLY NUMBER OF ADDITIONAL COUNTIES BY \$50.00. ENTER TOTAL BELOW AS PART OF YOUR DUES.

ADDITIONAL COUNTIES _____ X \$50.00 = \$ _____

*Dues Include \$100.00 for the NYSLTA Agents Special Fund

Dues Rate: \$ _____
Total additional County Listings: \$ _____
Total Remitted: \$ _____

Referred by: _____

* (Payable to: "New York State Land Title Association, Inc. and send to 2 Rector St., Ste. 901, NY, NY 10006")

NOTE: 10% of dues is NOT tax deductible. Dues are tax deductible to the fullest extent of the law. NYSLTA is a 501(c) (6), not for profit incorporated trade association.

The undersigned applies for regular membership in the New York State Land Title Association, Inc.

Number of years engaged in the business of abstracting and/or insuring titles: _____

Please check appropriate statement of eligibility below:

_____ The applicant herein is an abstracter or abstract company actively engaged in the business of abstracting and/or examining titles in the State of New York and has its principal place of business in the State of New York.

_____ The applicant herein is a title insurance agent actively engaged in the business of abstracting and/or examining titles and issuing policies of title insurance in the State of New York and has its principal place of business in the State of New York.

Identify by marking with an "X" all underwriters for which your company is an authorized agent:

- List of underwriters with checkboxes: Chicago Title, Fidelity National Title, Monroe Title, New Jersey Title Insurance Co., Stewart Title, Ticor Title, Washington Title, Commonwealth Land Title, First American Title, National Title Insurance of NY, Northeast Investors Title, The Security Title Guarantee Co. Of Baltimore, Transnation Title, Conestoga Title, Lawyers Title, Nations Title, Old Republic National, Westcor Land Title Ins.Co.

INFORMATION FOR EACH COUNTY WHERE YOU MAINTAIN A PHYSICAL OFFICE.

IF YOU HAVE MORE THAN ONE OFFICE TO LIST, PLEASE COPY THIS FORM BEFORE FILLING IN THE INFORMATION. COMPLETE ONE FORM FOR EACH ADDITIONAL OFFICE LOCATION.

LISTINGS WILL ONLY APPEAR IN THE DIRECTORY AND WEBSITE UNDER COUNTIES WHERE A PHYSICAL OFFICE IS LOCATED. THERE IS NO ADDITIONAL CHARGE FOR SUCH LISTING. TO BE LISTED IN COUNTIES WHERE YOU DO NOT MAINTAIN AN OFFICE, BUT DO CONDUCT BUSINESS, YOU MUST PAY A FEE OF \$50.00 PER COUNTY AND IDENTIFY EACH COUNTY IN THE SPACE PROVIDED BELOW. INCLUDE THESE ADDITIONAL COUNTIES IN THE TOTAL NUMBER OF COUNTIES ON THE FIRST PAGE OF THIS APPLICATION UNDER "ADDITIONAL COUNTY LISTINGS".

COMPLETE INFORMATION EXACTLY AS YOU WISH IT TO APPEAR IN THE DIRECTORY AND WEBSITE

COMPANY NAME: _____

COUNTY OF OFFICE LOCATION: _____

STREET ADDRESS: _____

CITY: _____

TELEPHONE: (_____) _____ FAX (_____) _____

E-MAIL: _____ WEBSITE: _____

INDIVIDUAL NAME AND TITLE: _____

INDIVIDUAL NAME AND TITLE: _____

INDIVIDUAL NAME AND TITLE: _____

INDIVIDUAL NAME AND TITLE: _____

INDIVIDUAL NAME AND TITLE: _____

INDIVIDUAL NAME AND TITLE: _____

_____**SEE ATTACHED PAGE FOR ADDITIONAL NAMES AND TITLES**

_____**LIST THIS OFFICE UNDER ADDITIONAL COUNTIES (\$50.00 EACH COUNTY) LISTED BELOW:**

TOTAL ADDITIONAL COUNTIES: _____ X \$50.00 = \$ _____ (include in total dues amount)

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YOU MAY NOW PAY BY CREDIT CARD
PAYMENT MUST ACCOMPANY DUES APPLICATION

TO PAY BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING
(*Visa or Master card accepted only*)

Visa

Master card

Expiration Date _____

Cardholder Name

Account#

Amount \$

Street Address

State

Zip Code

Signature

IF PAYING BY CHECK
PLEASE MAKE CHECK PAYABLE TO:
NEW YORK STATE LAND TITLE ASSOCIATION, INC.
AND SEND TO
TWO RECTOR STREET, SUITE 901
NEW YORK, NY 10006

**NOTE: 10% of dues is NOT tax deductible. Dues are tax deductible to the fullest extent of the law.
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