



# MEMBERSHIP APPLICATION

LTAMS membership is based on a calendar year; all memberships expire on Dec. 31st of the year you obtained membership. Memberships automatically renew on Jan. 1st each year for the full amount. If you pay with a credit card, your card will be charged on Jan. 1st of each year for membership dues unless you cancel your authorization by logging into your [My Account](#) portal. If you pay by a check, an invoice will be emailed to you on Jan. 1 of each year and must be paid within 30 days. If payment is pending, your membership will be inactive. Failure to pay within 30 days will result in your membership being cancelled.

① IDENTIFY MEMBERSHIP TYPES					
MEMBERSHIP DESIGNATION	QUANTITY EACH		ANNUAL MEMBER DUES (PRORATED RATE)		TOTAL DUES PER DESIGNATION
<input type="checkbox"/> Agent Member* ( <i>attorneys and licensed title agents</i> )		x	125.00 each (\$0.35 per day)	=	
<input type="checkbox"/> Agent Staff Addon (non-voting)		x	35.00 each (\$0.01 per day)	=	
<input type="checkbox"/> Abstractor Member		x	75.00 each (\$0.21 per day)	=	
<input type="checkbox"/> Underwriter Member		x	125.00 each (\$0.35 per day)	=	
<input type="checkbox"/> Associate Member		x	350.00 each (\$0.96 per day)	=	
<input type="checkbox"/> Government Employee Member (non-voting)		x	0.00 each (\$0.00 per day)	=	
			Total	=	

② PRIMARY MEMBER			
<input type="checkbox"/> Agent <input type="checkbox"/> Agent Staff <input type="checkbox"/> Abstractor <input type="checkbox"/> Underwriter <input type="checkbox"/> Associate <input type="checkbox"/> Government Employee			
PRIMARY MEMBER APPLICANT NAME (MUST BE AN INDIVIDUAL)		COMPANY NAME	
OFFICE ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER		EMAIL ADDRESS	

③ ADDITIONAL MEMBERS		
ADDITIONAL #1	ADDITIONAL MEMBER APPLICANT #1 NAME (MUST BE AN INDIVIDUAL)	EMAIL ADDRESS
	MEMBERSHIP DESIGNATION <input type="checkbox"/> Agent <input type="checkbox"/> Agent Staff <input type="checkbox"/> Abstractor <input type="checkbox"/> Underwriter <input type="checkbox"/> Associate <input type="checkbox"/> Government Employee	
ADDITIONAL #2	ADDITIONAL MEMBER APPLICANT #2 NAME (MUST BE AN INDIVIDUAL)	EMAIL ADDRESS
	MEMBERSHIP DESIGNATION <input type="checkbox"/> Agent <input type="checkbox"/> Agent Staff <input type="checkbox"/> Abstractor <input type="checkbox"/> Underwriter <input type="checkbox"/> Associate <input type="checkbox"/> Government Employee	
ADDITIONAL #3	ADDITIONAL MEMBER APPLICANT #3 NAME (MUST BE AN INDIVIDUAL)	EMAIL ADDRESS
	MEMBERSHIP DESIGNATION <input type="checkbox"/> Agent <input type="checkbox"/> Agent Staff <input type="checkbox"/> Abstractor <input type="checkbox"/> Underwriter <input type="checkbox"/> Associate <input type="checkbox"/> Government Employee	

④ PAYMENT INFORMATION		MAIL TO: 2001 AIRPORT ROAD, SUITE 301, FLOWOOD, MS 39232	
<input type="checkbox"/> Check # [ _____ ] Payable to LTAMS Enclosed		<input type="checkbox"/> Charge my: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
CARD NUMBER	CVV	EXP. DATE	
BILLING ADDRESS (IF DIFFERENT FROM OFFICE ADDRESS)	CITY	STATE	ZIP CODE
NAME ON CARD (PRINT)		CARDHOLDER'S SIGNATURE	

BY SUBMITTING THIS MEMBERSHIP APPLICATION, APPLICANT CERTIFIES TO THE ASSOCIATION THAT THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF. FOR QUESTIONS, PLEASE CONTACT [ADMIN@LTAMS.ORG](mailto:ADMIN@LTAMS.ORG).

The Land Title Association of Mississippi (LTAMS) is a nonprofit organized as a 501(c)6 under the U.S. Internal Revenue Service. Contributions or gifts to LTAMS are **not tax-deductible**. However, they may be tax deductible under other provisions of the Internal Revenue Code. Beginning in 2021 and each year thereafter, we estimate 25% of dues will go to the association's lobbying activities. Please consult your tax advisor. If you would like to view our required public disclosures (Form 990), please visit our page on [Guidestar](#).