

① IDENTIFY MEMBERSHIP TYPES					
MEMBERSHIP DESIGNATION	QUANTITY EACH		MEMBER DUES (PER INDIVIDUAL)		TOTAL DUES PER DESIGNATION
<input type="checkbox"/> Agent Member		x	\$125.00 each	=	
<input type="checkbox"/> Agent Staff Addon (non-voting member)		x	\$ 35.00 each	=	
<input type="checkbox"/> Abstractor Member		x	\$ 75.00 each	=	
<input type="checkbox"/> Underwriter Member		x	\$125.00 each	=	
<input type="checkbox"/> Associate Member		x	\$350.00 each	=	
			Total	=	

② PRIMARY MEMBER APPLICANT INFORMATION			
PRIMARY MEMBER APPLICANT NAME (MUST BE AN INDIVIDUAL)		COMPANY NAME	
OFFICE ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER		EMAIL ADDRESS	

③ ADDITIONAL MEMBER APPLICANT INFORMATION		
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	
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	
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	

④ PAYMENT INFORMATION			
<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.

SIGNATURE OF PRIMARY APPLICANT	DATE
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