

Indiana Land Title Association, Inc.

Section 1: Membership Category

Application is made for the following category: (check appropriate membership requested)

› **Active Membership \$300** _____

Any individual, sole proprietorship, partnership, corporation, or other business entity that engages in and is legally qualified to engage in the business of land title evidencing or insuring as an abstractor, underwriter, or title insurance agent duly licensed and qualified to do business in the State of Indiana, and who subscribes and adheres to the Code of Ethics of the Association as adopted, amended or interpreted as herein provided, and agrees to be governed by the Bylaws of the Association, shall be eligible for Active membership in the Association.

› **Affiliate Membership \$250** _____

Affiliate Membership is limited to persons not eligible for Active Membership. An Affiliate Membership is available to any individual engaged in any of the following professions, trades or callings: real estate brokers, attorneys, mortgage bankers, surveyors, lending institutions, developers, builders and individuals engaged in providing services related to the land title industry, as defined by the Board of Governors.

› **Individual Affiliate Membership \$125** _____

Individual Affiliate membership is limited to independent individual persons not eligible for Active membership, such as witness closers, notaries, independent searchers, etc.

Name _____
Your name if applying as an individual. Company name if applying on behalf of your company.

Address _____ City _____

State _____ Zip _____ County _____

Telephone _____ Fax _____

Email _____

Business Type:

- Individual _____
- Sole Proprietorship _____
- Partnership _____
- Corporation _____
- LLC _____
- › Other _____
- › Explain _____

Business Classification:

- Abstractor _____
- Title Insurance Agent _____
- Title Insurance Underwriter _____
- Software Vendor _____
- Other _____

Name(s) of Underwriter(s) (if applicable)

Underwriter Contact Person

Title Insurance license number of company (if applicable) _____

Are you a member of the American Land Title Association? Yes _____ No _____

If not would you like information on the ALTA? Yes _____ No _____

MEMBERSHIP INFORMATION FOR ACTIVE MEMBERS

List all principal officers and key employees, their experience, years in business and Title Insurance Agent license number, and Attorney number if applicable (use additional sheet if necessary):

Name	Title	Years in title business	License #	Attorney #

THE FOLLOWING THREE QUESTIONS MUST BE COMPLETED

Have you ever been convicted of a felony? No _____ Yes _____

Explain _____

Have you ever had your Title Insurance License revoked by the Indiana Department of Insurance?

No _____ Yes _____ Explain _____

Have you ever been sanctioned by the Indiana Department of Insurance? No _____ Yes _____

Explain _____

Did someone refer you to the ILTA? Yes _____ No _____

If yes, please complete name & company of the ILTA member who suggested you join.

Name _____ Company _____

Title Insurance in Indiana is governed by the Indiana Department of Insurance. To become a member of the Indiana Land Title Association you must abide by the requirements of the Indiana Department of Insurance as stated in the Indiana Code and the Bylaws of the ILTA.

NOTE: If the Membership Committee denies applicant membership, the application will be brought before the Board of Governors for final approval or denial.

In making application for membership in the ILTA, applicant agrees to comply with all provisions of the Association's Bylaws and Code of Ethics upon acceptance into membership.

I understand that any omission or misrepresentation of a material fact on this application may result in refusal of the application or rescission of membership. I consent and agree to and understand the ILTA may conduct a background check.

Signature of Principal Officer _____ Date _____

Principal Officers Printed Name and Title _____

Please send completed application and a non-refundable application fee of \$25.00 to:
Indiana Land Title Association, Inc. P.O. Box 20896 Indianapolis, IN 46220
800.929.4582 or 317-842-6266 Fax: 317-682-4788 E-mail: ilta@indianalandtitle.org

OFFICE USE ONLY

Application received: _____ Date Approved: _____ Acceptance Letter & items sent: _____

Check Number/Amount: _____ Applicant Denied: _____ Date Denied: _____

Approved by the Board of Governors on: _____ Denied by the Board of Governors on: _____

WEBSITE: _____ TT: _____ QB: _____ MEM COMM: _____ WELCOME: _____