

*Membership Application*  
*Please complete and mail with your payment:*

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Prepaid Member Names and Title:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please tell us about your title company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your area of expertise? \_\_\_\_\_

\_\_\_\_\_

How many years have you been in the title business? \_\_\_\_\_

How long have you been a COLTA member? \_\_\_\_\_

If you are a new member, who may we thank for referring you? \_\_\_\_\_

May we include you in our Membership Directory? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we include a link on our website to your company? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we publish your contact information and company information on our website?

\_\_\_\_\_ Yes \_\_\_\_\_ No