



## Membership Application

**Please check one:**

**Active Member:** Shall be limited to individuals or entities who or which are directly engaged in the business of land title evidencing or insuring as an abstractor, title insurance agent or title insurance underwriter in the State of Illinois in compliance with applicable Federal and State Law.

**Associate Member:** Shall be limited to individuals and entities who are or who have been engaged in providing services related to the business of land title evidencing or title insurance in Illinois **OR** attorneys who are specializing or who have specialized in real estate law **OR** title insurance agents from other states not registered as title insurance agents in Illinois. **(non-voting)**

*I hereby apply for ILTA Membership in the above selected membership category. I agree to pledge my support of the ALTA Principles of Fair Conduct and the Constitution, Bylaws, and Rules and Regulations of the Illinois Land Title Association. I consent that the Board through its Membership Committee or otherwise, may invite and receive more information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Board by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.*

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Company Web Site \_\_\_\_\_

**Sole Proprietorship**

**Partnership**

**Corporation – Year Incorporated \_\_\_\_\_ State Incorporated in \_\_\_\_\_**

LLC \_\_\_ **YES** \_\_\_ **NO**      LLP \_\_\_ **YES** \_\_\_ **NO**

If a foreign corporation, are you qualified to transact business in Illinois? \_\_\_ **YES** \_\_\_ **NO**

List officers, partners and/or sole proprietor: their names, titles & addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the applicant directly in the business of land title evidencing or insuring as an abstractor, title agent or title insurance underwriter in Illinois? \_\_\_ **YES** \_\_\_ **NO** *If yes, please check the appropriate category:*  
\_\_\_ Underwriter \_\_\_ Registered Agent (\*) \_\_\_ Settlement Services Provider

\*Our Company is a Registered Agent for the following title insurance underwriters licensed in Illinois.

\_\_\_\_\_  
\_\_\_\_\_

Does the applicant own or lease an office for the production of title evidencing in Illinois?

\_\_\_ **YES** \_\_\_ **NO**

How long has the applicant been directly engaged in the business of land title evidencing in Illinois?

\_\_\_\_\_

In what counties does the applicant conduct its business in Illinois?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List three (3) names and telephone numbers of individuals who can provide evidence as to the applicant's reputation for integrity, reliability and responsibility in all business and professional relations. (Preferably local bankers, savings & loan officers, attorneys and/or current ILTA members.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As part of the application process, the applicant agrees to permit the Board of Directors of the Illinois Land Title Association or their designee(s), at the board's discretion, to visit the applicant in his/her place of business.

**SPONSORED BY:** (Sponsor of an "Active" application must be your underwriter)

PERSON NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

I hereby certify that the foregoing information given by me is true and correct, and agree that failure to provide complete and accurate information, or any misstatement of fact, shall be grounds for revocation of my membership if granted.

Submitted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Return to:

**ILTA**  
**225 E Cook St.**  
**Springfield, IL 62704**  
**(217) 528-5230**  
**Fax (217) 241-4683**  
**[m.lane@illinoislandtitle.org](mailto:m.lane@illinoislandtitle.org)**  
**[www.illinoislandtitle.org](http://www.illinoislandtitle.org)**

Signature: \_\_\_\_\_

By: (print name) \_\_\_\_\_

Title: \_\_\_\_\_

Your signature authorizes ILTA to mail, fax or email to you ILTA related information.

**See separate Dues Schedule for payment of Dues.**

**ILTA MEMBERSHIP DIRECTORY CONTACT INFORMATION**

(Multiple locations including key personnel may be listed.)

<p><b>Contact:</b> _____</p> <p><b>Title:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>City/State/Zip:</b> _____</p> <p><b>Telephone:</b> (____) _____</p> <p><b>Fax:</b> (____) _____</p> <p><b>Email:</b> _____</p>	<p><b>Contact:</b> _____</p> <p><b>Title:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>City/State/Zip:</b> _____</p> <p><b>Telephone:</b> (____) _____</p> <p><b>Fax:</b> (____) _____</p> <p><b>Email:</b> _____</p>
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