



# 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 abstracter, 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 \_\_\_\_\_

Main Office Address \_\_\_\_\_ County \_\_\_\_\_

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 abstracter, 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 the past year, what counties did the applicant conduct its business in Illinois? **This information will be included in the ILTA online Directory.**

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

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**  
**726 South 2<sup>nd</sup> Street**  
**Springfield, IL 62704**  
**P217.528.5230**  
**F217.753.8384**  
[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 CONTACT INFORMATION - use additional sheets if necessary**

**(Please include all multiple locations including key personnel: Managers, Closers, Searchers, etc.)**

<p>Contact: _____ Title: _____ Address: _____ County: _____ City/State/Zip: _____ Telephone: (____) _____ Fax: (____) _____ Email: _____ Please <input checked="" type="checkbox"/> check if applicable: <input type="checkbox"/> Additional Location (will be included in online ILTA Directory)</p>	<p>Contact: _____ Title: _____ Address: _____ County: _____ City/State/Zip: _____ Telephone: (____) _____ Fax: (____) _____ Email: _____ Please <input checked="" type="checkbox"/> check if applicable: <input type="checkbox"/> Additional Location (will be included in online ILTA Directory)</p>
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## 2020 ILTA Dues Schedule and Information Form



**Main Contact's Information:**

Name / Title \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone / Fax: \_\_\_\_\_  
 Personal Business Email: \_\_\_\_\_

**Published Online-Directory Information** (May write "Same" on lines where information is same as above):

Name / Title \_\_\_\_\_  
 Address / County \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Phone, Ext. / Fax: \_\_\_\_\_  
 Published Email: \_\_\_\_\_  
 Website: \_\_\_\_\_

**This following information will help ILTA with its representation of the title industry.**

"District/Official Search" link [www.elections.il.gov](http://www.elections.il.gov)

**State Legislative Districts: Senate \_\_\_\_\_ Representative \_\_\_\_\_**

<b>Total 2020 Dues Amount</b> (Use Schedule on Page 2)		
<b>Membership Type:</b> _____ (Use Membership Descriptions on Page 2)	\$	
<b>**Voluntary ILTA-PAC Contribution (options below)</b> <input type="checkbox"/> Platinum \$1000 / <input type="checkbox"/> Gold \$500 / <input type="checkbox"/> Silver \$250 / <input type="checkbox"/> Bronze \$_____ <i>ILTA-PAC Contributors will be recognized for their support at the ILTA Annual Convention.</i>	\$	
<b>Total Enclosed</b>	\$	

\*\*ILTA-PAC is Illinois Land Title Association's political action committee, commission to foster an awareness of the title insurance industry with candidates for any state public office. A copy of our report filed with the State Board of Election is (or will be) available for purchase from State Board of Election, Springfield, Illinois 62706.

**THREE** payment options  
**(Encrypted emails NOT accepted):**

1. Darlene's dedicated Fax Line:  
**217.753.8384** at ILTA Office.
2. Call with your credit card information:  
**217.528.5230 ext 101**
3. Mail form with check or credit card information to:

**Illinois Land Title Association**  
 726 South 2nd Street  
 Springfield, IL 62704

Visa     MasterCard     American Express     Discover  
 Card # \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Cardholder Name (Please Print): \_\_\_\_\_  
 Signature: \_\_\_\_\_ \$ \_\_\_\_\_  

**OR**

 Check #: \_\_\_\_\_ \$ \_\_\_\_\_

**See Back Page for Dues Schedule and Membership Descriptions**

# 2020 ILTA Dues Schedule

## MEMBERSHIP TYPES

**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)

## 2020 DUES SCHEDULE

### Abstracters, Abstract Companies, Insurance Agents

If your gross revenue was:	Your ILTA dues would be:
Under \$250,000	\$200
\$ 250,001 - \$1,000,000	\$350
\$1,000,001 - \$2,000,000	\$700
\$2,000,001 - \$3,000,000	\$1400
Over \$3,000,000	\$2800

### Title Insurers (Underwriters)

If your premiums were:	Your ILTA dues would be:
Under \$5,000,000	\$4,000
Over \$5,000,000 dues will be billed based on your Form-9 filing with the Illinois Department of Financial Institutions at a rate of:	
Each. \$100,000 over \$5,000,000	\$40

## DEFINITION OF GROSS REVENUE AND PREMIUM

**FOR ACTIVE MEMBERS WHO ARE ABSTRACTERS, ABSTRACT COMPANIES, AND AGENTS OF TITLE INSURANCE COMPANIES:** Gross revenue during the preceding calendar year from abstracting, searching and examination of titles (including all service related thereto) and fees earned for escrow, settlement and closing service during said period, plus that portion of the premiums for insurance which is retained by the agent or remitted to it by the insurer.

**FOR ACTIVE MEMBERS WHO ARE TITLE INSURERS (Underwriters):**

Total title insurance premiums for the State of Illinois as reported to the Department of Financial Institutions of the State of Illinois on the State's form-9.

**FOR ASSOCIATE MEMBERS:** Flat Fee of **\$250.00**

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*Due to government regulation that portion of your dues which is allocated to lobbying activities is not deductible. For 2020 25% of your dues are not deductible as a cost of doing business. The balance of your dues remains deductible as an ordinary and necessary business expense.*