



Title Co. (Regular) Membership Application Underwriter

Please complete and return with payment to:

NCLTA, 3739 National Drive, Suite 202, Raleigh, NC 27612

Phone: (919) 861-5584

Fax: (919) 787-4916

List information as it should appear in the electronic *Membership Directory*.

(Directory information will be submitted to the American Land Title Association, NC Department of Insurance, and appear on the NCLTA web site, www.nclta.org.)

TITLE INSURANCE UNDERWRITER MEMBERS: Corporations duly licensed by the State of North Carolina as Underwriters to insure North Carolina real estate titles in accordance with the laws of the State of North Carolina and which are separate corporate entities in North Carolina.

Branch Name _____ License # _____ NCDOI NC State Bar

Manager's Name _____

Street Address _____

Zip Code (if different from mailing address) _____

Mailing Address _____

City _____ State _____

Zip Code _____ County _____

Telephone (_____) _____ Toll-Free (_____) _____

Fax (_____) _____ Toll-Free Fax (_____) _____

Email Address _____ URL _____

—List Branches and Additional Personnel on Next Page—

Payment of organization dues is generally deductible as an ordinary and necessary business expense. Contributions or gifts are generally not deductible as charitable contributions for federal income tax purposes.

DUES SCHEDULE:

- Annual dues of \$3000 per title underwriter (includes one primary contact), **plus ...**
- Branches (No. _____ North Carolina branches). Annual dues of \$110 per branch. Please list names of representatives and addresses on next page.
- Directory and Mailing Listings for Additional Staff members at the same address as Underwriter and Branch Members. Annual dues \$50. (No. _____ Additional Personnel). Please list names of employees on next page.
- Mandatory Special Assessment: \$4500
Payment of organizational dues is generally deductible as an ordinary and necessary business expense for federal income tax purposes. However, the Omnibus Budget Reconciliation Act of 1993 made that portion of membership dues of trade associations allocated to lobbying expenses non-deductible. Therefore, 100 percent of this supplement dues assessment is not deductible.

Underwriter dues \$3000 + (# _____ Branches @ \$110 = \$ _____) + (# _____ Directory Listings @ \$50 = \$ _____) + Special Assessment (\$4500) = \$ _____

Total amount enclosed: \$ _____ (made payable to "NCLTA")

We agree to abide by: the NCLTA Bylaws the ALTA "Principles of Fair Conduct"

Signature _____

(This page may be photocopied if additional listings are required.)

Additional Main Office Staff (@\$50 ea.):

_____ Email _____
_____ Email _____

Branch Name _____

Branch Manager's Name (@ \$110) _____
_____ Email _____

Additional Staff (@\$50 ea.):
_____ Email _____
_____ Email _____

Street Address _____

Zip Code (if different from mailing address) _____

Mailing Address _____

City _____ State _____

Zip Code _____ County _____

Telephone (_____) _____ Toll-Free (_____) _____

Fax (_____) _____ Toll-Free Fax (_____) _____

Branch Name _____

Branch Manager's Name (@ \$110) _____
_____ Email _____

Additional Staff (@\$50 ea.):
_____ Email _____
_____ Email _____

Street Address _____

Zip Code (if different from mailing address) _____

Mailing Address _____

City _____ State _____

Zip Code _____ County _____

Telephone (_____) _____ Toll-Free (_____) _____

Fax (_____) _____ Toll-Free Fax (_____) _____

Branch Name _____

Branch Manager's Name (@ \$110) _____
_____ Email _____

Additional Staff (@\$50 ea.):
_____ Email _____
_____ Email _____

Street Address _____

Zip Code (if different from mailing address) _____

Mailing Address _____

City _____ State _____

Zip Code _____ County _____

Telephone (_____) _____ Toll-Free (_____) _____

Fax (_____) _____ Toll-Free Fax (_____) _____