



1511 University Blvd. NE  
Albuquerque, NM 87102  
505-999-5804  
www.nmlta.org

## APPLICATION FOR MEMBERSHIP

### Company Information: *(Main Office)*

1. Company Name: \_\_\_\_\_

Main Contact: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address: *(If different from above)* \_\_\_\_\_

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

2. Is applicant a Title Insurance Underwriter? Yes  No  *(If yes, please attach a copy of your Certificate of Authority)*

3. If successor to some other company, please give names and date of the parent company:

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

4. Are you now engaged in compiling abstracts of title? Yes  No

What county(ies)? \_\_\_\_\_

Are you now engaged in the writing of title insurance? Yes  No

What county(ies)? \_\_\_\_\_

5. Does your plant presently comply with the laws presently in effect in the state of New Mexico? Yes  No

Has the Office of the Superintendent of Insurance approved your plant? Yes  No

If so, when? \_\_\_\_\_

6. List all title insurance underwriters whom you represent as an agent:

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

**7. Company Employees** *(List all main office employees. Please use the last sheet provided to add additional employees)*

Name	Title/Role	E-mail	Licensed?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Here at NMLTA, we are constantly looking for ways to help you and your employees prosper. We value your membership and hope to continue providing products and services that meet or exceed your needs.

What are the areas that interest you most?

- |  |  |
|--|--|
| <input type="checkbox"/> Insurance Licensing Preparation | <input type="checkbox"/> Networking Events         |
| <input type="checkbox"/> Continuing Education            | <input type="checkbox"/> Advocacy                  |
| <input type="checkbox"/> Professional Development        | <input type="checkbox"/> Branding for your Company |
| <input type="checkbox"/> E&O Coverage                    | <input type="checkbox"/> Other: _____              |

**THIS IS NOT A BILL** - NMLTA will calculate the correct amount and send an invoice.

Payment Options: (Please select one)

- Quarterly Invoice
- Semi-Annually Invoice
- Annual Invoice

**IT IS UNDERSTOOD AND AGREED BETWEEN THE APPLICANT AND THE ASSOCIATION THAT:**

The information in this application is to be held in confidence by the Association and used only for the purpose of passing on the qualification for membership of the applicant.

Applicant certifies to the Association that the information contained herein is true to the best of his/her knowledge and belief.

Applicant agrees, in the event of approval of this application to abide by the By-Laws and the Code of Ethics of the Association then and subsequently in effect.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Company: \_\_\_\_\_ By: \_\_\_\_\_

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



