

FUND MEMBER ATTORNEY/EMPLOYER ATTESTATION

I HEREBY CERTIFY that _____ is currently employed by me and meets the criteria required for Affiliate Membership with Attorneys' Title Insurance Fund, Inc. I further attest that the applicant is employed as a paralegal, legal assistant, or legal secretary specializing in real estate, and that the applicant has my recommendation for affiliation with The Fund.

Signature _____ Date _____

Firm Name (Please Print) _____

Firm Address _____

Phone () _____

Fund Member Number _____ Florida Bar Number _____

Mail to: Attorneys' Title Insurance Fund, Inc.
ATTN: Affiliate Program Coordinator
340 Columbia Drive, Suite 106
West Palm Beach, FL 33409

or Fax to: 407-854-3712

APPLICATION FORM

Name _____

Employer _____

Firm Address _____

Phone () _____

E-mail Address _____

I qualify for Affiliate Membership with The Fund under the following criteria:

I have two or more years' experience in real estate with a Fund member firm Yes No

and

I am a Certified Legal Assistant Yes No, or

I graduated from an ABA-approved program Yes No, or

I have attended at least four Fund seminars Yes No, or

I have attended an Affiliate Assembly Yes No, or

I have completed the Affiliate Assembly Tape Series Yes No, or

I am Fund-certified in Real Estate Closing Procedures Yes No

I hereby apply for an affiliation with Attorneys' Title Insurance Fund, Inc., and certify that the information contained in this application is true and correct. I understand that any affiliation with The Fund is contingent upon the express recommendation of my supervising Fund member attorney, and further understand and agree that all benefits to be enjoyed by me are contingent upon my continued employment with a Fund member firm and would cease upon termination of my employment therewith.

Signature _____ Date _____