

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 Fund Services, LLC. 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 Fund Services, LLC

ATTN: Affiliate Program Coordinator

or Fax to: 407-854-3712

340 Columbia Drive, Suite 106

West Palm Beach, FL 33409

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 Fund Services, LLC, 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 _____