



I need to stay up-to-date on Florida real estate law - sign me up. On verification of my State Bar status, please sign me up as an Associate Member of The Fund. Enclosed is my check for \$200 to cover my first year of dues, payable to Attorneys' Title Insurance Fund, Inc.

Name _____

Position _____

Firm/Organization _____

Address _____

City/State/Zip _____

Phone _____

State Bar # _____

I am a member of the following section(s) of The State Bar:

Member Since _____

The Associate Membership benefits of most interest to me are:

_____ Seminars _____ Publications _____ Annual Assembly

Associate Membership with Attorneys' Title Insurance Fund, Inc. is offered to Florida attorneys who do not conduct closings or need to issue title insurance policies, but who are involved with real estate issues from time to time and want to stay current. Associate Members do not receive and cannot issue title insurance policies nor can they have access to FundNet.

The undersigned certifies that no closings are conducted by me nor do I issue title insurance policies.

Applicant's Signature _____ Date _____

Mail this application and check to:

Member & Agent Services Department, Attorneys' Title Insurance Fund, Inc. PO Box 628600, Orlando, FL 32862-8600

Date
Application Rec'd. _____
Application Approved _____
By _____