



**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 \$250 to cover my first year of dues, payable to Attorneys' Title Fund Services, LLC.

Name \_\_\_\_\_

Position \_\_\_\_\_

Firm/Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

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 Fund Services, LLC is offered to Florida attorneys who do not issue title insurance policies for any title insurer, 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 I do not issue title insurance policies for any title insurer.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail this application and check to:

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

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