

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 _____

Member Name (Please Print) _____

Firm Name (Please Print) _____

Address _____

Phone () _____

Fund Member number _____ Florida Bar number _____

Mail to:

Attorneys' Title Fund Services, LLC

Affiliate Membership Program

Attn: Education Registrar

or Fax to: 407-854-3668

P.O. Box 628600

Orlando, FL 32862-8600

APPLICATION FORM

Name _____

Employer _____

Firm Address _____

Phone () _____

e-mail Address _____

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 _____