



Alaska Land Title Association
P.O. Box 241811
Anchorage AK 99524

Subject: Application for Associate Membership

The undersigned, _____ does hereby apply for associate membership in the ALASKA LAND TITLE ASSOCIATION.

We certify that we are engaged in a business related to the title insurance industry and support the industry.

We further state that if admitted, we will subscribe to the By-Laws of this Association and to the Code of Ethics of the Association.

We agree to pay the annual dues, which for the year 20____ are in the amount of \$150.00. (The first year's dues are included with this application)

Dated this _____ day _____ of 20 _____

BY _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Dues must be paid prior to annual meeting in February of each year