



WISCONSIN LAND TITLE ASSOCIATION

BRANCH OFFICE

NEW MEMBERSHIP LISTING INFORMATION



BRANCH OFFICE (Copy this form for each new branch listing)

NAME OF BRANCH _____

BRANCH OF WHAT COMPANY? _____

LOCATION OF MAIN COMPANY: CITY _____ COUNTY _____

UNDERWRITER(S) _____

BRANCH ADDRESS: STREET _____ SUITE _____ P.O. BOX _____

CITY _____ STATE _____ ZIP _____

COUNTY _____

PHONE (____) _____ 2ND PHONE (____) _____ FAX (____) _____

WEBSITE _____

MAIN COMPANY CONTACT:

WHO IS IN CHARGE OF MAKING DECISIONS ON WLTA MATTERS IN BEHALF OF YOUR BRANCH?

NAME _____ TITLE _____ EMAIL _____

STAFF-PLEASE LIST ALL ADDITIONAL STAFF & EMAILS FOR THOSE WHO WORK OUT OF THE BRANCH OFFICE LISTED ABOVE & INDICATE WHETHER YOU WANT THEM TO RECEIVE WLTA EMAILS OR BE LISTED ON THE WLTA WEBSITE:

NAME	TITLE	EMAIL	SHOULD THEY:	
			RECEIVE WLTA EMAIL? YES OR NO	BE LISTED ON WLTA WEBSITE? YES OR NO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____