WISCONSIN LAND TITLE ASSOCIATION

MAIN OFFICE

NEW MEMBERSHIP LISTING INFORMATION

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MAIN OFFICE COMPANY:_____

UNDERWRITER(S)_____

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_____

MAIN CONTACT:

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

NAME_____TITLE_____EMAIL_____

ADDITIONAL CONTACTS:

NAME UP TO 4 ADDITIONAL PEOPLE IN YOUR COMPANY WHO SHOULD RECEIVE WLTA COMMUNICATIONS.

NAME	TITLE	EMAIL	SHOULD THEY BE LISTED ON THE WLTA WEBSITE?
			YES NO
			YES NO
			YES NO
			YES NO

STAFF:

PLEASE LIST **ALL** ADDITIONAL STAFF WHO WORK AT THE OFFICE LISTED ABOVE:

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

WISCONSIN LAND TITLE ASSOCIATION
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