



ACTIVE MEMBERSHIP APPLICATION

Please complete and return with payment to:
OAITA, 216 Bradenton Avenue, Dublin, Ohio 43017

Phone: (216) 373-2800

Fax: (216) 373-2800

Active Membership Description:

Any individual, sole proprietorship, partnership, corporation, or other business entity, including any employee, who is legally qualified to engage in the business of land title evidencing or insuring as an abstractor, who is not affiliated with a bank, mortgage broker, builder or real estate company.

Attach your business card to application!

Name of Applicant: _____

Name of Agency: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Email Address: _____ Website: _____

Do you want listed on the public website directory? _____

1. Are you licensed to issue title insurance policies in the State of Ohio? _____
2. Is your agency licensed to issue title insurance policies in the State of Ohio? _____
3. Do you or your agency affiliate and/or share ownership of your title agency with any bank, mortgage broker, builder or real estate company? Yes _____ No _____
4. Are you a member of any other title association? Yes _____ No _____
If yes, please list name of association(s): _____

Please provide a reference:

Name: _____ Address: _____ Phone: _____

ANNUAL DUES SCHEDULE: (How are you applying for membership? – please check one):

_____ Independent Agency	\$100.00	Plus my OAITAPAC donation:	\$ _____
_____ Independent Title Agent	\$50.00		
_____ Employee of Agency	\$50.00		

The undersigned hereby certifies that the information contained herein is true to the best of his/her knowledge and belief and makes application for membership in the **Ohio Association of Independent Title Agents (OAITA)** and agrees to comply with all provisions of the Code of Ethics, Bylaws and principles of said organization. If for any reason your membership is denied your check will be returned to you. Also, I agree that in the future if my company or the company that I am employed by becomes involved in an affiliated business arrangement I will notify (OAITA) and will cancel my active membership.

Signature: _____ Date: _____