2026 MEMBERSHIP FORM





| CONTACT INFORMATION | | |
|--|--|---|
| Organ | nnization Name: | |
| Mailir | ing Address: | |
| City: _ | State: | Zip: |
| Main (includ | Contact: uding dues, newsletters, notices and other e-communications) | |
| Email | il Address: | Phone: |
| ME | EMBERSHIP DUES | |
| Emplo | GULAR MEMBER (law firms, agencies or agents) loyers and/or duly authorized representatives of any title insurance corpollowing qualifications: | oration, company or agency/agent which meets |
| ageIt:Or | Organization must be directly and primarily engaged in the real estate title gent, and must issue title insurance on properties located within South C t may not engage in any other class of insurance outside of title insurance Organization must hold a valid license from the appropriate regulatory au inderwriter or issuing agent. | arolina. ee. |
| | | per year for 9 - 19 employees (includes attorneys) per year for 1 to 3 employees (includes attorneys) |
| | OCIATE MEMBER | |
| Individ | riduals or businesses licensed in South Carolina as a title insurer, agency, on Carolina properties, or those engaged in a real estate—related field that or | or agent that do not issue title insurance on |
| | \$400.00 per year for individuals, attorneys, firms, realtors, abstracting services, mortgage brokers, mortgage lenders, corporations, businesses or banks that do not derive direct or indirect financial benefit from title insurance premiums. | |
| | \$25.00 per year for any law student actively enrolled in and currently a | attending a fully accredited S.C. Law School. |
| TOT | TAL DUE: DECEMBER 31, 2025 | |
| | PAL PAC Voluntary Contribution - suggested \$75.00 or more. (not tax deductible) | Make your check payable & mail to: |

To pay by credit or debit card, please email alexa@scplta.org

Dues \$_____ + PAL PAC \$____ = \$ _

*please note: if you pay online, you will be charged credit card processing fees.

Palmetto Land Title Association

PO Box 11372 Columbia, SC 29211

2026 MEMBER INFORMATION PLEASE MAKE COPIES AS NEEDED





MEMBER 1

| First Name: | Last Name: |
|----------------------------------|--|
| Email Address: | Phone: |
| | mittee: Communications Convention Education Legislative Membership PALPAC Scholarship |
| MEMBER 2 | |
| First Name: | Last Name: |
| Email Address: | Phone: |
| ☐ Election | mittee: Communications Convention Education Legislative Membership PALPAC Scholarship |
| MEMBER 3 | |
| First Name: | Last Name: |
| Email Address: | Phone: |
| | mittee: Communications Convention Education Legislative Membership PALPAC Scholarship |
| MEMBER 4 | |
| First Name: | Last Name: |
| | Phone: |
| Contact me about a Com Election | |
| MEMBER 5 | |
| First Name: | Last Name: |
| Email Address: | Phone: |
| Contact me about a Com | mittee: Communications Convention Education |
| Election | ☐ Legislative ☐ Membership ☐ PALPAC ☐ Scholarship |