



ESCROW INSTITUTE OF CALIFORNIA

Administration Offices:
P. O. Box 1069
Carlsbad, CA 92018-1069
(760) 633-4EIC (4342)

APPLICATION FOR Regular Membership

____ Please Type ____

Name of Applicant Escrow Corporation _____

Principal Office Address _____
NUMBER & STREET SUITE CITY ZIP CODE

Applicant Escrow License No. _____ Date Issued _____ Telephone: () _____

Manager _____ Fax: () _____

E-Mail : _____ Website : _____

I would like to serve on the _____ Committee.

In accordance with Article II, Section 2 of the Bylaws of the Escrow Institute of California, "All corporations proposed for membership shall be sponsored by a member in good standing."

Name / Affiliation of Sponsor _____

ESCROW INSTITUTE MEMBERSHIP REQUIREMENT AND CERTIFICATION

Admission to membership in the corporation shall be limited to escrow corporations licensed by the California Commissioner of Corporations.

NAMES OF STOCKHOLDERS AND DIRECTORS:

NAME	TITLE	% OF INTEREST	OCCUPATION

NAMES, BUSINESS ADDRESS AND POSITION OF OFFICER WHO WILL REPRESENT COMPANY AT MEETINGS.

The representative may be changed at any time by notification, submitted in writing, to the Secretary of the Escrow Institute of California. Only one vote for each corporation is permitted.

NAME	BUSINESS ADDRESS	POSITION HELD

This application, when completed and signed, is to be submitted with a check for dues which are \$700.00 per calendar year.

Dues are payable as follows:

First year dues are prorated from date of Membership.

Dues may be paid annually by January 31st or in two (2) equal payments: First payment due January 31st; Second payment due April 1st.

Any dues remaining unpaid more than 30 days are considered delinquent.

Multiple branch companies may receive additional mailings, publications, and be included on the website upon payment of an extra \$50.00 per branch location. Please attach a list providing names, addresses, phone /fax numbers, and e-mails of the branch locations.

If accepted for membership, the undersigned corporation agrees to abide by the Rules, Regulations, and Code of Ethics (appearing on the reverse side of this application.)

We certify that the above information related to our business is factual and correct.

Dated _____

By _____ Secretary

By _____ President

COMPANY NAME