



ARIZONA TRUSTEE ASSOCIATION, INC.

Name _____

Membership Application and Invoice – 2007

Company _____

I do hereby apply for membership in the **Arizona Trustee Association, Inc.** If accepted, I agree to be governed by the Association's Bylaws and Canon of Ethics. I am aware that all references to "Trustee" or "Trustee Functions" within this Application mean Trustees handling the Deed of Trust foreclosure functions **within the state of Arizona.**

Membership Fees – Active Members \$150.00; Renewal after 01/31/07 \$200.00

Membership Fees - Affiliate Members \$100.00; Renewal after 01/31/07 \$150.00

The Arizona Trustee Association has two categories of members: Active and Affiliate. Please select the category that best describes your business.

ACTIVE MEMBERS: (Voting)

- Person(s) working directly in a Trustee function, or a manager or supervisor of same. Explain how the firm qualifies as Trustee: _____
- A firm acting as Trustee. Explain how the firm qualifies as Trustee: _____
- Attorney regularly acting in the capacity of Trustee or regularly representing Trustees with respect to Trustee matters.
- Officer or firm engaged in the business of issuing Trustee Sale Guarantees.
- Officer or firm acting as support and/or agent for the Trustee. **Explain:** _____

AFFILIATE MEMBERS: (Non-voting)

- Person or firm engaged in the practice of law.
- Person or firm acting as a lender.
- Person/firm engaged in the business of investing in Real Estate.
- Real Estate Broker or Agent.
- Other, explain: _____

Sub-Category of Membership: Please check a box from column 1 **AND** column 2:

- | | |
|---|---|
| 1. <input type="checkbox"/> Corporate / Firm Membership | 2. <input type="checkbox"/> New Membership |
| <input type="checkbox"/> Individual Membership | <input type="checkbox"/> Renewal Membership |

DIRECTORY INFORMATION – Please fill this area out completely. The information provided will be published in the Membership Directory and/or in our newsletter, "The Trustee Times."

(Applicant)

First Name: _____ **MI:** _____ **Last Name:** _____

Name of Company: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Business Telephone Number: _____ **Business fax number:** _____

e-mail address (to be published): _____ **Website:** _____

e-mail address (for ATA internal use only): _____

The undersigned, by signing this Application, certifies that all information provided herein regarding qualifications for membership are true and accurate.

Signature of Applicant

Date



Arizona Trustee Association, Inc.
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Membership Fees

Category of Fees	<input checked="" type="checkbox"/> Please Check as appropriate	Fees or Expenses	Before 01/31/06	After 01/31/06
Membership	<input type="checkbox"/>	Active Member	\$150.00	\$200.00
	<input type="checkbox"/>	Affiliate Member	\$100.00	\$150.00
Directory Advertising	<input type="checkbox"/>	Business Card \$55.00	\$	\$
	<input type="checkbox"/>	1/4 Page \$75.00	\$	\$
	<input type="checkbox"/>	1/2 Page \$150.00	\$	\$
	<input type="checkbox"/>	Full Page \$200.00	\$	\$
Legislative Sponsorships	<input type="checkbox"/>	Voluntary Donation for Legislation Expenses Minimum \$25 requested	\$	\$
	<input type="checkbox"/>	Bronze Sponsorship - \$50 (receives a complimentary Business Card ad in the "Trustee Times")	\$	
	<input type="checkbox"/>	Silver Sponsorship - \$150 (receives a complimentary 1/4 Page ad in the "Trustee Times")	\$	
	<input type="checkbox"/>	Gold Sponsorship - \$250 (receives a complimentary 1/2 page ad in the "Trustee Times")	\$	
	<input type="checkbox"/>	Platinum Sponsorship - \$350+ (receives a complimentary Full Page ad in the "Trustee Times")	\$	
Total Amount Enclosed			\$	\$

COMMITTEES – I am interested in joining the following committee(s):

Membership / PR Convention Education Newsletter Legislative

REFERRALS – Please contact the following person / company to see if they may have an interest in joining the ATA:

Name: _____ Telephone: _____

IMPORTANT!!! In an effort to get the Membership Directory out in a timely manner, any membership applications received after February 15, 2007 may not be included in the Directory.

Send the completed application along with your check payable to:

ARIZONA TRUSTEE ASSOCIATION, P.O. BOX 17071, PHOENIX, AZ 85011-7071

If you have any questions, please contact **Paul Rhodes** at (602) 414-0017

*****Please note for tax purposes: For the year 2006, 84.5% of your membership dues is allocable to lobbying efforts and is therefore not deductible.**

For ATA Membership use only

Board Approval: Member Affiliate Member

Payment: Amount \$ _____ Check number _____ Date _____

