

# MEMBERSHIP APPLICATION 2024

Membership (Annual Fee)	INDIVIDUAL (\$300)	AFFILIATE (\$300)	STATE ONLY (\$300)	SUPPORT STAFF (\$125)	INACTIVE (\$125)
<b>Definition:</b>	Practicing or non-active escrow professional.	In allied fields, non-escrow.	Practicing escrow professional.	Assistant / Secretary / Clerical / Entry Level. Limit 2 years.	Individual Active members or State Individual Active members who have been members for the past 5 years and no longer engaged in their profession, either permanently or temporarily. Temporarily is defined as working 90 days or less per year.
<b>Who:</b>	Current active and non-active escrow professional, regional membership required	Individuals in allied fields not engaged in the practice of escrow. Provides a service or product that supports the escrow profession.	Current practicing escrow professional or non-active escrow professional. No regional membership.	New to the profession and wanting to start their career out on the right foot	Inactive members shall be those who have been active members for the past five (5) years as Individual Active members or State Individual Active members who are no longer engaged in their profession, either permanently or temporarily. Temporarily is defined as working 90 days or less per year. May not hold office but can serve on committees.
<b>Includes Memberships:</b>					
<b>Regional</b>	✓	✓		✓	✓
<b>CEA</b>	✓	✓	✓	✓	✓
<b>AEA</b>	✓	✓			
<b>Voting Privileges:</b>					
<b>Regional</b>	✓	✓			
<b>CEA</b>	✓		✓		
<b>AEA</b>	✓	✓			

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Referred by: \_\_\_\_\_

Employment Category (check one):  
 TC – Title Company       S/L/B – Savings & Loan or Bank  
 BE – Broker Escrow       LE – Licensed Escrow       OT – Other

I would like to opt out of having my information included on the CEA website. Referred by: \_\_\_\_\_  
 Membership is based on a calendar year, on an individual basis, and is non-transferable. \_\_\_\_\_

### Business Address (■ preferred address)

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

### Home Address (■ preferred address)

Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

**For categories other than State Only, please choose a primary regional membership using the CEA map.**

If no region, please select State.  Region: \_\_\_\_\_  State (no region)

**In making this application, I certify that the above is true and correct and I agree to abide by the Bylaws of the above-named Regional Association and the California Escrow Association and the American Escrow Association, if appropriate.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Contributions or gifts (including membership dues) to the CEA are not tax deductible as charitable contributions. Pursuant to the Federal Revenue Reconciliation Act of 1993, association members may not deduct as ordinary and necessary business expenses, that portion of association

dues dedicated to direct lobbying activities. Based upon the calculation required by law, 22% (Intern) or 30% (all others) of the State Dues payment only should be treated as nondeductible by CEA members. Please consult your tax advisor for tax credit/deduction information.

### Payment (do not e-mail credit card information)

**Amount:** \$ \_\_\_\_\_  Enclosed is check # \_\_\_\_\_ (Payable to California Escrow Association)  Company  Personal  
 AMEX  MasterCard  Visa Last 4 digits of card: \_\_\_\_\_ Name on Card: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ Signature: \_\_\_\_\_

Full Credit Card# \_\_\_\_\_ Exp: \_\_\_\_\_ CVV#: \_\_\_\_\_

**Return completed form and payment by mail or fax to:** California Escrow Association, 2520 Venture Oaks Way, Suite 150 • Sacramento, CA 95833 • (916) 924-7323 – fax  
**For more information, contact us at:** (916) 239-4075 – phone • (916) 924-7323 – fax • [www.caeescrow.org](http://www.caeescrow.org)