

CALIFORNIA ESCROW ASSOCIATION MEMBERSHIP APPLICATION



Membership Categories

Individual Active Member (\$210) – Includes CEA, the American Escrow Association (AEA), and one Regional Association. (Engaged in the escrow settlement profession; Full voting privileges; Regional membership.)

State Membership – Individual Active Member (\$210) – Includes CEA and AEA only; no Regional Association. (Engaged in the escrow settlement profession; Full voting privileges; no regional membership.)

Individual Intern Member (\$60) – Includes CEA and one Regional Association, no AEA. (An individual who participates in the escrow or settlement process as a secretary, assistant, or any other position that is clerical and/or at an entry level. Granted one-time for a period not to exceed two consecutive years; no voting privileges; regional membership.)

State Membership – Individual Intern Member (\$60) – Includes CEA only; no AEA and no Regional Association. (An individual who participates in the escrow or settlement process as a secretary, assistant, or any other position that is clerical and/or at an entry level. Granted one time for a period not to exceed two consecutive years; no voting privileges; no regional membership.)

State Associate Member (\$160) – Includes CEA only, no Regional Association, no AEA. (An individual in an allied field not engaged in the practice of escrow; no voting privileges.)

Individual Associate Member (\$185) – Includes CEA, one Regional Association & no AEA. (An individual in an allied field not engaged in the practice of escrow; no voting privileges.)

Inactive (\$100) – Includes CEA and one Regional Association; no AEA. (Past Active members or State Active members who are no longer engaged in their profession, either permanently or temporarily; no voting privileges.)

New **Renewal**

Please allow up to 3 weeks for new member processing.

A. Individual Membership

Membership Category: INDIVIDUAL ACTIVE STATE INDIV. ACTIVE INDIVIDUAL INTERN STATE INDIV. INTERN STATE ASSOCIATE INACTIVE

Name: _____ Title: _____ Referred by: _____

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

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

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

- Please check this box if you DO NOT want CEA to release your contact information to industry related entities.
 Please check this box if you DO NOT want CEA to include your contact information on the public area of the CEA Web site.

Membership is based on a calendar year, on an individual basis, and is non-transferable.

B. Business Address

Company Name

Address

City / State / Zip

Phone _____ Fax _____

E-mail _____

C. Home Address

Address

City / State / Zip

Phone _____ Fax _____

Mobile Phone _____

For mailing and online membership directory purposes, please use my (check one): Business Address Home Address

D. Payment

Amount: _____

CHECK Check # _____ Company Personal

CREDIT CARD MasterCard Visa CVV: _____

C.C.# _____ Exp: _____

Name on Card: _____

Billing Address _____

Signature: _____

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.

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, 8% (Intern) or 16.6% (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.

Signature *Date*

When completed, return form and payment to:

California Escrow Association, 2520 Venture Oaks Way, Suite 150 • Sacramento, CA 95833
(916) 239-4075 – phone • (916) 924-7323 – fax • cea@camgmt.com • www.ceaescrow.org

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B. Business Address

Company Name _____

Address _____

City / State / Zip _____

Phone _____ Fax _____

E-mail _____

C. Home Address

Address _____

City / State / Zip _____

Phone _____ Fax _____

Mobile Phone _____

For mailing and online membership directory purposes, please use my (check one): Business Address Home Address

D. Payment

Amount: _____

CHECK Check # _____ Company Personal

CREDIT CARD MasterCard Visa

C.C.# _____ Exp: _____

Name on Card: _____

Billing Address _____

Signature: _____

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