



Membership Application

1. Entity name applying for membership

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2. State(s) for which application is being made

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3. Entity contact information:

Name					
Company					
Address					
City		State		ZIP	
Phone		Fax			
E-mail		Website			

4. Law Firm Structure—please check which ever applies

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Proprietor	<input type="checkbox"/>	Limited Liability Company
<input type="checkbox"/>	Other (please describe)		

5. Employer Identification Number of the entity:

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6. States in which the applicant law firm is licensed to practice:

Please attach an additional sheet if necessary

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7. Provide the address of each office location of the applicant law firm:

Please attach an additional sheet if necessary

8. Has the applicant firm or any partner, shareholder, member, owner thereof been subject to disciplinary proceedings before the state regulatory agency which regulates the applicant firm which resulted in a public reprimand or the imposition of any other type of discipline or sanction? *If 'Yes' please attach a description of each proceeding.*

	No
	Yes

9. Please check all technologies utilized:

	AACER		AllRegs		iClear
	Lenstar		LexisNexis		New Invoice
	NewTrak		PACER		Perfect Practice
	Vendorscape		Westlaw		Others <i>describe below</i>

10. Please identify any other trade organizations, attorney networks or professional associations to which the applicant firm belongs which may be relevant to your area of practice.

11. Does the applicant perform outsourcing functions?

If 'Yes' please attach a description.

	No
	Yes

12. Are you a designated counsel or vendor for Fannie Mae or Freddie Mac?

If 'Yes' please indicate which, the states represented and the services provided.

	No
	Yes

13. Do you carry E&O or malpractice insurance coverage with a minimum aggregate limit of \$1,000,000?

If 'Yes' please provide a copy of the declaration page of your policy.

	No
	Yes

14. Kindly describe your firm's disaster recovery and business resumption plans and policy in the event of a disaster. *Attach an additional sheet if necessary.*

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15. Please provide three separate lender, servicer, mortgage or tax sale client references whom Real Estate Tax Sale Law Network, Inc. can contact. References should be current clients. Please provide mailing address, phone number and e-mail address.

REFERENCE 1

Name					
Company					
Address					
City		State		ZIP	
Phone		E-mail			

REFERENCE 2

Name					
Company					
Address					
City		State		ZIP	
Phone		E-mail			

REFERENCE 3

Name					
Company					
Address					
City		State		ZIP	
Phone		E-mail			

16. **By signing below, I hereby acknowledge that the information contained on this application is true and correct. I acknowledge that in order to become a full member of the Real Estate Tax Sale Law Network, Inc., I will need to execute an additional Network Attorney agreement. By signing below, I acknowledge that I am authorized to sign this application.**

Signature

Date

Printed Name