

Date: 2/25/2026



**To: Washington Land Title Association
PO Box 328
Lynnwood, WA 98046**

1. The undersigned hereby respectfully applies for membership in the Washington Land Title Association.
2. The undersigned certifies that it qualifies for the following class of membership, as defined in the current Constitution and By-Laws of the WLTA:

- Regular Member – Title Insurer (underwriter)*
- Regular Member – Agent (entity less than 50% owned by an underwriter – if more than 50%, Title Insurer*)
- Associate Member – Title Insurer or agent located in another state but not operating in Washington State
- Affiliate Member – In a real estate field, including escrow, surveying, financing, construction and law (may be a corporation, partnership, law firm, etc., or an individual working for such an entity.)

* REGULAR MEMBER APPLICANT: If an Applicant for a Regular Member (1) qualifies to write policies in Washington State as a direct insurer, or (2) writes policies in Washington as a direct insurer through one or more agents, or (3) operates in Washington through a wholly owned entity acting as an agent, or (4) writes policies through any agent in which it has more than a 50% interest, or (5) is an entity or agent that is more than 50% owned by a direct insurer, then it qualifies as an Title Insurer (underwriter) for dues purposes. If (3) or (4) apply, identify the agent:

[Click or tap here to enter text.](#)

or if (5) applies, identify the underwriter:

[Click or tap here to enter text.](#)

3. REGULAR MEMBER APPLICANT: The undersigned further certifies that, if applying as (1) a Regular Title Insurer Member writing policies directly or through a wholly owned entity or through an agent in which it has more than a 50% interest in any county, or (2) a Regular Agent Member, it provides title insurance products in the following Washington State counties, and that it qualifies in each of them:

[Click or tap here to enter text.](#)

4. If admitted to membership, the undersigned will subscribe to the Constitution and By-Laws and the Code of Ethics of the Association, as may be adopted from time to time by the Association, and agrees to pay the annual dues as established by the Board.

Company/Name of Applicant: First National Bank Alaska

If individual, name of employer entity: [Click or tap here to enter text.](#)

Address: 1821 Gambell Street Anchorage Alaska 99501

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Submitted by:

Name: Michelle A Frain

Title: Vice President and Escrow Manager

Signature: