



# membership application

LegalShield Corporate Offices: One Pre-Paid Way • Ada, OK 74820

Please print.

## member information

Today's Date

Month / Day / Year

Time of Day

A.M. / P.M. (Circle One)

SSN #

XXX - XX - XXXXX

For internal use only by LegalShield. Our privacy policy is available upon request.

Name

Last

First MI

Mailing Address

Apt. / Ste.#

Street Address

City

State ZIP + 4

Primary Member's Date of Birth

Month / Day / Year

Co-Applicant

Last

First MI

Work Phone

Area - Area - Area Ext.

Home Phone

Area - Area - Area

Cell Phone

Area - Area - Area

Email Address

I do not wish to receive email updates from LegalShield about my membership. (Your privacy is a priority with us! LegalShield will not sell your email address or personal information of any kind to third party vendors.)

### Please Select One

- IDShield Individual Plan - \$4.13/pay
Individual IDShield w) Legal Plan - \$11.49/pay
LegalShield Plan - \$7.36/pay
IDShield FAMILY Plan - \$8.75/pay
IDShield FAMILY Plan w) Legal Plan - \$14.26/pay
+ Gun Owner's Supplement \$5.98/pay (add to legal)

### Office Use Only

Table with 2 columns: Office Use Only, empty cells for CWA, FOB, MODE, PLAN, FRAN, GR#

### Associate Use Only

Assigned Associate Number
Associate Name
Associate SSN Number (If Licensed)
Associate License Number (In Florida)
Business Phone
Associate Signature X

Applicant: I understand that the written contract sets forth the terms of my membership, including any exclusions or limitations, and agree to be bound by the same. I further understand that the company will mail the written contract to me at the address noted herein within the next fourteen days.

Applicant Signature

X

Dependents

Last / First / MI Date of Birth
Last / First / MI Date of Birth
Last / First / MI Date of Birth

Occupation

Company

## deduction authorization

I hereby authorize City State to deduct \$ per pay period from my earnings for my LegalShield membership and to remit such amount directly to Pre-Paid Legal. I agree that the Company will not be responsible or liable for my decision to purchase the LegalShield membership or the services provided through my membership and that the Company's sole responsibility is to withhold and pay my membership fee to LegalShield.

Print name

Date Applicant signature X

CONFIDENTIAL