



Groups with or less than 1999 employees:

membership application

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

Please Select One	
<input type="checkbox"/>	IDShield Individual Plan - \$8.95/month
<input type="checkbox"/>	LegalShield Individual Plan - \$16.95/month
<input type="checkbox"/>	Combination Individual Plan - \$25.90/month
<input type="checkbox"/>	IDShield Family Plan - \$18.95/month
<input type="checkbox"/>	LegalShield Family Plan - \$18.95/month
<input type="checkbox"/>	Combination Family Plan - \$33.90/month

Office Use Only	
CWA	
FOB	
MODE	
PLAN	
FRAN	
GR#	

Please print.

member information

Today's Date / /
Month Day Year

Time of Day _____ A.M. / P.M. (Circle One)

SSN # - -

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 - - Ext.

Home Phone - -

Cell Phone - -

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.)

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. If I have not received my contract within that time frame, I understand that it is my responsibility to call the LegalShield Home Office at 1-800-654-7757 to obtain a copy. The written contract, together with this application, constitutes the entire agreement between the company and the member with respect to the membership, and there are no agreements, understandings, warranties or representations other than as set forth herein and in the membership contract.

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 _____ SSN _____

Date _____ Applicant signature **X** _____

CONFIDENTIAL