



Pre-Paid Legal Services®, Inc., and subsidiaries
Corporate Offices: P.O. Box 145 • Ada, OK 74821-0145

UNIVERSAL membership application

A \$10 fee is required for individual enrollments.

member information

Print only

Today's Date / / If you choose the bank draft option, your account will be drafted on or about this date each month.

SSN # - -
This will be your member number.

Name Last _____
First _____ MI _____

Mailing Address Apt./Ste.# _____
Street Address _____
City _____
State _____ ZIP + 4 _____

Member's Date of Birth / /
Month Day Year

Spouse Last _____
First _____ MI _____

Work Phone - - Ext.

Home Phone - -

Email Address _____

- CHECK ONE** Pre-Paid Legal Services®, Inc.
 Pre-Paid Legal Casualty™, Inc.
 Pre-Paid Legal Services of Tennessee, Inc.
 Pre-Paid Legal Services, Inc. of Florida
 National Pre-Paid Legal Services of Mississippi, Inc.
 Legal Service Plans of Virginia, Inc.
 Ohio Access to Justice, Inc.
administered by Pre-Paid Legal Services®, Inc.

Office Use Only	
CWA	
FOB	
MODE	
PLAN	
FRAN	
GR#	

- CHECK ALL THAT APPLY*** Standard Plan Expanded Plan
 Commercial Drivers Legal Plan (\$25 Enrollment Fee)
 Law Officers Legal Plan Exp. Law Officers Legal Plan
 Home-Based Business Plan (1st time enrollee)
 HBB Rider only (must be same payment method as Expanded Plan)
 Legal Shield Other* _____

*Some plans may not be available in certain states.

IR

Associate Use Only

Associate Number _____
 Associate Name _____
 Associate SSN Number (If Licensed) _____
 Associate License Number (In Florida) _____
 Business Phone _____
 Signature of Associate **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 Pre-Paid Legal 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.

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any materially false, incomplete, or misleading information concerning a material fact is guilty of a felony of the 3rd degree.

I hereby acknowledge that on this date, I purchased this plan in the city of _____ in the state of _____. By signing this application I certify I am legally residing in the United States of America.

Signature of Applicant X

Dependents

_____	_____ / _____ / _____
_____	_____ / _____ / _____
_____	_____ / _____ / _____

payment information

Select the payment method you prefer.

Your credit card charge or your check is your receipt.

1 **Monthly or Annual Bank Draft**
Authorization for Electronic Transfers Drawn by and Payable for Premium: I hereby authorize Pre-Paid Legal Services®, Inc., to charge/draft my checking/savings account from the Financial Institution listed below. **This authority is to remain in effect until Pre-Paid Legal Services®, Inc., receives written notification from me revoking the authorization. Your account will be drafted each month on or about the effective date of your membership.**

Name of Bank _____ Acct. # _____
 (Financial Institution) Institution Transit # _____
 Bank Address _____
 _____ CITY STATE ZIP
 Signature of Account Holder **X** _____
 Checking Account (Attach check from account to be drafted.) Savings Account (Attach verification.)

Fill out for Options #1 or #2: BANK DRAFT OR CREDIT CARD

Monthly/Annual draft/Charge amount \$

One-time enrollment fee \$

Total enclosed by check, money order, or charged to credit card \$

(If paying by credit card, I realize my first charge will include a one-time enrollment fee where applicable.)

2 **Monthly or Annual Payment by Credit Card** (Your account will be charged on or about the 15th or 25th monthly.)
 I wish to pay by credit card until I revoke this authorization in writing.

Card #: Exp. Date: (Mo./Yr.)

Cardholder Signature: **X** _____ MasterCard Visa Discover AMEX

3 **Annual Direct Bill**
 I wish to pay annually by check. Checks should be made payable to Pre-Paid Legal Services, Inc.
 *Must include first year payment.

4 **Payroll Deduction Authorization** (Not applicable for individual sales.)
 I hereby authorize my employer _____ City _____ State _____ to deduct \$ _____ from my earnings for my Pre-Paid Legal Services®, Inc., and subsidiaries membership. Print name _____ SSN _____
 Date _____ Applicant signature: **X** _____