



OFFICE USE ONLY	
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Brought to you by: LegalShield

LegalShield Corporate Offices: P.O. Box 145 • Ada, OK 74821-0145
Services provided by: Kroll

Membership Application

Member Information

\$10 Non Refundable Fee

Please print.

Today's Date / /

Month Day Year

SSN # X X - X X -

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

Name Last MI

First

Mailing Address Apt./Ste.#

Street Address

PLEASE PROVIDE COMPLETE ADDRESS WITHOUT ABBREVIATIONS

City

State ZIP + 4

Member's Date of Birth / /

Month Day Year

Spouse/Partner Last MI Date of Birth / /

First

Work Phone - - Ext.

Home Phone - -

- Legal Plan \$18.95
- Family IDShield \$22.95
- Combo (Leg+Fam IDS) \$38.90
- Individual IDShield \$12.95
- Combo (Leg+Ind IDS) \$31.90
- Home Business Supplement \$12.95
- Gun Owners Supplement \$12.95

Associate Use Only

Assigned Associate Number

Associate Name

Business Phone

Signature of Associate

*Dependents

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last / First / MI		Date of Birth	
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Last / First / MI		Date of Birth	
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Last / First / MI		Date of Birth	

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.)

Applicant: I understand that the Identity Theft Shield Membership Guide 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 Membership Guide will be mailed to me at the address noted herein within the next fourteen days. If I have not received my Membership Guide within that time frame, I understand that it is my responsibility to call the LegalShield Home Office at 1-888-494-8519 to obtain a copy. The Membership Guide, 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 Guide.

Payment Information

Signature of Applicant

Monthly or Annual Bank Draft

TO COMPLETE, select the ONE payment option you prefer. Your credit card charge or check is your receipt.

Authorization for Electronic Transfers Drawn by and Payable for Membership Fees: I hereby authorize LegalShield to charge/draft my checking/savings account from the Financial Institution listed below. **This authority is to remain in effect until LegalShield 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 Signature of Account Holder

CITY STATE ZIP Checking Account Savings Account

(Attach check from account to be drafted.) (Attach verification.)

Please fill out for Bank Draft or Credit Card payment options:

Monthly /Annual draft/ Charge amount \$

One-time enrollment fee \$ waived

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.)

Monthly or Annual Payment by Credit Card

Your account will be drafted each month on or about the effective date of your membership.

I wish to pay by credit card until I revoke this authorization in writing.

Card #:

Exp. Date: (Mo./Yr.)

Cardholder Signature:

- MasterCard Visa Discover AMEX

Annual Direct Bill

I wish to pay annually by check. Checks should be made payable to LegalShield.

Amount enclosed:
*Must include first year payment.