White copy: Home Office -- Ada, Oklahoma Yellow copy: Associate Pink copy: Member

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

membership application

A $10 non-refundable fee is required for individual enrollments.

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)
☐ HBE Rider only (must be same payment method as Expanded Plan)
☐ Legal Shield ☐ Other*

*Some plans may not be available in certain states.

TR ☐

Please print.

Today's Date ___ / ___ / ___ (Month / Day / Year) *If you choose the bank draft option, your account will be drafted on or about this date each month.*

SSN # ___ - ___ - ___ *For internal use only by PPLSI. Our privacy policy is available upon request.*

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 _____

☐ *I do not wish to receive email updates from PPLSI about my membership. (Your privacy is a priority with us! PPLSI 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 _____
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

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

payment information

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

☐ 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 (Financial Institution) _____
Bank Address _____
CITY STATE ZIP

Acct. # _____
Institution Transit # _____
Signature of Account Holder X _____

☐ Checking Account (Attach check from account to be drafted.)
☐ Savings Account (Attach verification.)

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

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.)

☐ Monthly or Annual Payment by Credit Card

I wish to pay by credit card until I revoke this authorization in writing. I realize my account will be charged on or about the 15th or 25th monthly

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

Cardholder Signature: X _____

☐ MasterCard ☐ Visa ☐ Discover ☐ AMEX

☐ Annual Direct Bill

I wish to pay annually by check. Checks should be made payable to Pre-Paid Legal Services, Inc.

Amount enclosed _____
*Must include first year payment

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