



enrollment form

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

Please Select One (per pay period)

- Single \$13.95**
- Family \$16.95**
- I CHOOSE TO DECLINE COVERAGE

Office Use Only

CWA	
FOB	
MODE	
PLAN	
FRAN	
GR#	138751

Please print.

participant information

Today's Date

Month	Day	Year
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Time of Day

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

SSN #

X	X	X	-	X	X	-				
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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
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Co-Applicant

Last _____

First _____ MI _____

Work Phone

			-				-					Ext.				
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Home Phone

			-				-				
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Cell Phone

			-				-				
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Email Address

Associate Use Only

Assigned Associate Number 126783588
 Associate Name RACHAEL A JOHANNSEN-LAWTON
 Associate SSN Number (If Licensed) _____
 Associate License Number (In Florida) _____
 Business Phone _____
 Associate Signature *X Rachael Lawton*

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

ROCKFORD SCHOOLS

deduction authorization

I hereby authorize ROCKFORD SCHOOLS City ROCKFORD State MN 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