



<b>MEMBER INFORMATION</b>			
Last Name	First Name	Middle Name	Date of Birth
Address		Social Security / ID Number	
City		State	Zip
Home Phone	Work Phone	Email	
Employer Name		Location / Department	

<b>SALARY DEDUCTION INFORMATION</b>	
<p>YES, I want to enroll in the Legal Club of America program. Upon joining, I will receive benefits as outlined in the plan member guidebook, which I will receive shortly after joining. All plan benefits are subject to change. If any of the benefits change, the product updates will be displayed on the Legal Club website. I understand that the fees and charges sought by the participating plan attorneys may only change if posted to the Legal Club website. Legal Club of America® and its agents are not party to any confidential attorney client relationship that I may establish. I understand that this plan is not insurance coverage. I understand that I may not use this plan and any of its attorneys to adversely affect my employer or plan sponsor. Upon enrollment, I have thirty (30) days to cancel my membership. The annual membership shall automatically renew unless terminated thirty (30) days prior to the expiration date of the term.</p> <p>I understand that this plan is to be effective _____.</p> <p>I authorize my employer to deduct \$_____ from my paycheck each month, and pay a like amount to Legal Club of America for the purchase of this benefit.</p> <p>PAYROLL FREQUENCY: (check one)</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly (twice monthly)</p> <p><input type="checkbox"/> Bi-Weekly (every 2 weeks) <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify)</p>	
Member's Signature	Date
Member's Name (print or type)	

<b>AGENT USE ONLY</b>		
Agent Name (print or type)	Agency Name	Phone
		Email
Agent Signature	Agent #	Date

<b>LEGAL CLUB USE ONLY</b>	
Date Received	Date Entered