



Dermalogica,
Franchise Number
40100



membership application

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

Please print.

member information

Today's Date

Month	Day	Year
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Time of Day

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

SSN #

	-		-				
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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

☐ 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.)

Please Select One, Monthly

- ☐ Legal and ID Shield Family \$33.90
- ☐ Legal and ID Shield Individual \$27.90
- ☐ Legal Only - \$18.95
- ☐ ID Shield Family \$18.95
- ☐ ID Shield Individual \$8.95

Office Use Only

CWA	
FOB	
MODE	
PLAN	
FRAN	
GR#	

Associate Use Only

Assigned Associate Number 102-197-944
Associate Name Steve Baker
Associate SSN Number (If Licensed)
Associate License Number (In Florida)
Business Phone
Associate Signature X Steve Baker

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

deduction authorization

I hereby authorize _____ City _____ State _____ 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