

Agent
License #

PREFERRED LEGAL PLAN™



A New Wave of Legal Representation™

MEMBERSHIP ENROLLMENT FORM

1 Date ____/____/____

2 Name _____
Last First MI

7 Home Phone () _____

3 S.S. No. ____-____-____

Work Phone () _____

4 Date of Birth ____/____/____
Mo Day Yr

8 Dependents

5 Mailing Address _____
Street Address Apt #

Last First MI

City _____, Florida Zip _____

Last First MI

6 Spouse's Name _____
Last First MI

Last First MI

*Any person who provides false information on an enrollment form is guilty of a 3rd degree felony.

Payment by Payroll Deduction

My employer, _____ **FLORIDA ATLANTIC UNIVERSITY** _____, located in
City _____ **BOCA RATON** _____, State _____ **FLORIDA** _____ is authorized to deduct the sum of \$9.95 each
month (or \$4.98 semi-monthly) from my paycheck, to be made payable to Preferred Legal Plan for my plan membership. My
employer may deduct such amount until I revoke this authorization.

X Applicant signature: _____

