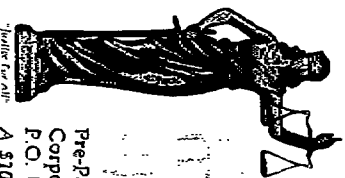


White copy: Home Office -- Ada, Oklahoma Yellow copy: Associate Pink copy: Member



Membership Information

Pre-Paid Legal Services®, Inc. and subsidiaries
 Corporate Offices:
 P.O. Box 145 • Ada, OK 74821-0145
A \$10 fee is required for individual enrollments.

Membership Information **Print only**

Today's Date / /

Month Day Year

Title of Day A.M. (Circle One) P.M.

SSN # - -

This will be your member number.

Name Last: _____
 First: _____ MI: _____
 Mailing Address Apt / Ste # _____
 Street Address _____
 City _____

State Zip + 4 / -

Member Date of Birth / /

Month Day Year

Spouse Last: _____
 First: _____ MI: _____
 Work Phone - - Ext.

Home Phone - -

Email Address _____

Pre-Paid Legal Services Authorization

I hereby authorize my employer _____ City _____ State _____
 to deduct \$ _____ from my earnings for my Pre-Paid Legal Services®, Inc. and subsidiaries membership.

Print name _____ Applicant signature: **X** _____
 Date _____ SSN _____

Pre-Paid Legal Services, Inc., Associate Use Only

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.*
- CHECK ALL THAT APPLY***
- Standard Plan Expanded Plan
 - Law Officers Legal Plan Commercial Drivers Legal Plan
 - Home-Based Business Plan (Lifetime enrolled)
 - Bxp. Law Officers Legal Plan
 - HBB Rider only (must be same payment method as Expanded Plan)
 - Legal Shield Other* _____

Office Use Only	
CWA	
FOB	
MODE	
PLAN	
FRAN	
GR#	

*Some plans may not be available in certain states.

IR

Associate Use Only

Associate Number _____

Selling Associate SSN (if licensed) _____

Selling Associate Name _____

Business Phone _____

Signature of Associate **X** _____

I hereby acknowledge that on this date, I purchased this plan in the city of _____ in the state of _____.

I understand that I will receive a contract setting forth the terms of my membership, including any exclusions or limitations, in the mail within the next 14 days. If I have not received my contract within that time frame, I understand that I can call the Pre-Paid Legal Home Office at 1-800-654-7757 to obtain a copy.

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 materialy false, incomplete, or misleading information concerning a material fact is guilty of a felony of the 3rd degree.

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
_____/_____/____	____/____/____

Employer _____
 Occupation _____