Legal Club of America® Application Form

Best Discount Benefits

P. O. Box 4022 Oceanside, CA 92052

Voice Mail and Fax 1-800-585-2363

Legal Club Family Protection Plan

Please check payment choice below:

☐ $168.00/year ☐ 3 Payments of $56.00/mo ☐ $14.00/month

_____ KCHE_____

Name Date Group

_____

Street Address

_____

City State Zip

(_____)_____(_____)_____

Area Code Home Phone Work Phone

_____

E-mail address

_____

Social Security # Date of Birth

Dependent Information:

_____

Spouse Name Spouse Date of Birth

Children:

Name: _____ Sex: M F Date of Birth: _____

Name: _____ Sex: M F Date of Birth: _____

Name: _____ Sex: M F Date of Birth: _____

Other Dependents:

Name: _____ Sex: M F DOB: _____ Relationship: _____

Name: _____ Sex: M F DOB: _____ Relationship: _____

Please charge my annual or three equal payments to:

Name on Account (If different than above) _____

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| _____/_____ _____

Account # Expiration Date CVV Code

☐ I am sending a check for the annual amount made payable to Legal Club of America

Yes, I want to enroll in the Legal Club of America Legal Plan indicated above. If the quarterly or monthly payment option was selected I understand my credit card or checking account will be charged automatically for the remaining payments. I will have access to all the services and benefits outlined on the web site page, subject to the terms and conditions in the Plan Member Guidebook. Upon enrollment I will have 30 days to cancel my membership. The plan is not party to any confidential relationship which I may establish with any participating attorney. I understand that this plan is not insurance coverage. I understand that costs and filing fees are additional.

X_____