

# PREFERRED LEGAL PLAN™

Agent  
License #



*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 3<sup>rd</sup> degree felony.

### **Payment by Payroll Deduction**

My employer, \_\_\_\_\_ BROWARD COMMUNITY COLLEGE \_\_\_\_\_, located in  
City \_\_\_\_\_ FORT LAUDERDALE \_\_\_\_\_, 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: \_\_\_\_\_

**CONTACT PLP WITH ANY QUESTIONS TOLL-FREE AT (888) 577-3476.**

[www.preferredlegal.com](http://www.preferredlegal.com)

