



**U.S. LAW SHIELD MEMBER APPLICATION
LAW ENFORCEMENT LEGAL DEFENSE PROGRAM**

STEP 1: WHICH PROGRAM DO YOU NEED? Please check one.

- Active/Reserve - Law Enforcement Program, or
- Honorably Retired - Law Enforcement Program

STEP 2: WHICH PAYMENT PLAN DO YOU NEED? Please check one.

- Annually, or
- Monthly

STEP 3: OPTIONAL ADDITIONAL ITEMS? Please select any that apply.

- Multi-State Firearms Protection
(Adds Multi-State Firearms Coverage To Officer's Law Enforcement Membership) (See Web-Site For Covered States)
- Spouse/Partner & Minor Children Coverage
(Adds Full Statewide "Use of Force" Coverage To Officer's Spouse/Partner And Minor Children)
- Career Shield-Applicant/Officer
(Adds Employer/Employee Relations Coverage To Officer's Membership)

STEP 4: APPLICANT/SPOUSE/PARTNER INFORMATION: Please print CLEARLY.

First Name: _____ Last Name: _____

Phone Number: (____) _____ Email Address: _____
(TO RECEIVE LEGAL NEWSLETTERS AFFECTING LAW ENFORCEMENT LAWS FROM U.S. LAW SHIELD)

Street: _____ City: _____ State: _____ Zip: _____

Active/Retiring Agency Name: _____ City: _____ State: _____

Spouse/Partner First Name: _____ Last Name: _____

Spouse/Partner Email: _____

STEP 5: APPLICANT SIGNATURE: Please sign and date.

I hereby submit my application for membership in the U.S. Law Shield Law Enforcement Legal Defense Program. I request that my application for enrollment in the program be processed by the representative authorized to process and submit the application. After my application for enrollment is approved, I will be issued a membership card with a unique member number. I acknowledge that I have received the terms of the member contract for program and I agree to be bound by its terms. I also hereby authorize U.S. Law Shield to charge my credit/debit card or bank account as payment for the U.S. Law Shield Law Enforcement Program. I understand my account will be set up for recurring payments at the time of my renewal. I understand other renewal payment options can be set up by calling 855-246-1305 and speaking to a member services representative prior to the date of my renewal.

APPLICANT SIGNATURE: _____ **DATE:** _____

FACILITY REPRESENTATIVE USE ONLY:

1. Facility Promo Code: NPSI

CALCULATE AMOUNT TO BE CHARGED:

2. Law Shield Rep Code: _____

Program Amount : \$ _____.

3. Application Entered By: _____

Multi-State Firearms Coverage-Applicant/Officer: \$ _____.

4. Officer's Membership Card #: _____

Spouse/Partner & Minor Children Coverage: \$ _____.

5. Spouse/Partner Membership Card: _____

Career Shield-Applicant/Officer: \$ _____.

(IF APPLICABLE)

TOTAL AMOUNT DUE: \$ _____.

6. Payment Method (mark one): Electronic Check Credit/Debit Card

*PLEASE MAKE CHECKS PAYABLE TO U.S. LAW SHIELD

(OVER FOR PRICING)



U.S. LAW SHIELD LAW ENFORCEMENT LEGAL DEFENSE PROGRAMS AND OPTIONS

MEMBERSHIP PROGRAM PRICING

(USE OF FORCE COVERAGE)

ACTIVE/RESERVE LAW ENFORCEMENT

HONORABLY RETIRED LAW ENFORCEMENT

* \$200.00/Yr.

* \$120.00/Yr.

* \$17.95/Mo.

* \$10.95/Mo.

OPTIONAL ADDITIONAL COVERAGE:

CAREER SHIELD PROTECTION

(EMPLOYER/EMPLOYEE RELATIONS COVERAGE)

* \$90.00/Yr. With Any Yearly Program

* \$7.95/Mo. With Any Monthly Program

SPOUSE/PARTNER & MINOR CHILDREN COVERAGE

* \$80.00/Yr. With Any Yearly Program

* \$6.95/Mo. With Any Monthly Program

MULTI STATE FIREARMS COVERAGE

* \$30.00/Yr. With Any Yearly Program

* \$2.95/Mo. With Any Monthly Program

PAYMENT METHODS ACCEPTED: Electronic Checks or Credit/Debit Cards

(SORRY NO CASH ACCEPTED)

U.S. Law Shield
 1020 Bay Area Blvd., Suite 220
 Houston, Tx 77058
 1-855-246-1305

www.uslawshieldleo.com