# PRIVATE SECURITY OFFICER LEGAL DEFENSE PROGRAM
## MEMBER APPLICATION
### FACILITY FORM

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### STEP 1: WHICH PAYMENT PLAN DO YOU NEED?  Please check one.

☐ Annual Program – ($107.40 + $19.95*) = <u>$127.35 today</u> / $107.40 each year thereafter

☐ Monthly Program – ($8.95 + $19.95*) = <u>$28.90 today</u> / $8.95 each month thereafter

\* = One-time non-recurring $19.95 setup fee

> PAYMENT METHODS ACCEPTED: Electronic Checks or Credit/Debit Cards
> **\*Please make checks payable to: Texas Law Shield, LLP**
>
> **(SORRY NO CASH ACCEPTED)**

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### STEP 2: APPLICANT INFORMATION?  Please print clearly.

First: _____     Last: _____

Street Address: _____

City: _____     State: _____     Zip: _____

Phone: (_____)_____-_____     Private Security Officer  Registration #: _____

E-mail: _____
(TO ENSURE RECEIVING SECURITY LAW NEWSLETTERS EFFECTING PRIVATE  SECURITY OFFICERS FROM TEXAS LAW SHIELD, LLP)

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### STEP 3: APPLICANT SIGNATURE:  Please sign and date.

I hereby submit my application for membership in the Texas Law Shield Private Security Officer Legal Defense Program.  I request that my application for enrollment in the Private Security Officer Legal Defense 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 agree that I will call 1-855-246-1310 Ext. 1 to active my membership card.  I acknowledge that I have received the terms of the member contract for the Private Security Officer Legal Defense Program and I agree to be bound by its terms.  I also hereby authorize Texas Law Shield, LLP to charge my credit/debit card or bank account as payment for the Private Security Officer Legal Defense Program.

**APPLICANT SIGNATURE:** _____     **DATE:** _____/_____/_____

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### FACILITY REPRESENTATIVE USE ONLY:

**1.** Facility Name:  <u>NPSI</u>                    **2.** Facility Promo Code:  <u>NPSI</u>

**3.** Facility Representative:  <u>Lewis</u>          **4.** Law Shield Sales Rep Code: _____

**5.** Applicant Membership #: _____     **6.** Payment Method: ☐ Electronic Check  ☐ Credit/Debit Card
(Found on the outside of the Membership Packet)

**7.** Money Has Been Collected: ☐ YES  ☐ NO        **8.** Total Amount Due: $_____._____

**9.** App Has Been Entered Into System: ☐ YES  ☐ NO     **10.** Date App Was Entered: _____/_____/_____

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