

KEEL NASSOUR, L.L.P.



Attorneys at Law

LEGAL DEFENSE PLAN MEMBERSHIP APPLICATION

New

Renewal

Update

Last Name

First Name

MI

SSN

DOB

Department/Agency

Mailing Address

City /State/ Zip Code

Home Phone

Work Phone

Mobile Phone

Email Address

Method of Payment: City/County Deduct Association Deduct Individual Check

Visa/MC/Discover Bank Draft

Signature of Applicant

Date