

# 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