



TEXAS LAW SHIELD, LLP MEMBER APPLICATION
FIREARMS LEGAL DEFENSE PROGRAM
FACILITY FORM

STEP 1: WHO IS APPLYING FOR THE PROGRAM? Please check one.

- I am applying for myself individually, or
 I am applying for myself and my spouse/partner living at the same address.

STEP 2: WHICH PROGRAM DO YOU NEED? Please check the box that describes your situation.

- I want to apply for the CHL Program (Select if you currently have or are currently applying for your CHL)
 I want to apply for the Non-CHL Program (Select if you do not currently have a CHL and you are not applying for one)

WHICH PROGRAM DOES YOUR SPOUSE/PARTNER NEED? (Only select if applying for a spouse /partner also)

- My spouse/partner* wants to apply for the CHL Program (Select if they currently have or are currently applying for their CHL)
 My Spouse/Partner wants to apply for the Non-CHL Program (Select if they do not currently have a CHL and they are not applying for one)

STEP 3: WHICH PAYMENT PLAN DO YOU NEED? Please check one.

I would like to pay **Annually/Monthly**.

- Annual
 Monthly

STEP 4: OPTIONAL ADDITIONAL ITEMS

PLEASE SELECT OPTIONAL ADDITIONAL ITEMS

- Minor Children Protection**
 (Add minor children protection to your firearms program plan – covers all of member's minor children living in the household or not)
- Multi-State Protection - Applicant**
 (Add multi-state protection to your firearms program – see website for covered states in the multi-state program)
- Multi-State Protection - Spouse/Partner**
 (Add multi-state protection to your spouse/partner's firearms program – see website for covered states in the multi-state program)

STEP 5: APPLICANT INFORMATION? Please print clearly.

First: _____ Last: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____ CHL Issuing State: _____
(TO RECEIVE GUN LAW NEWSLETTERS & UPDATES FROM TEXAS LAW SHIELD) (If Applicable)

Spouse/Partner First Name: _____ Last Name: _____
(If applicable)

Spouse/Partner E-mail: _____ Spouse/Partner CHL Issuing State: _____
(TO RECEIVE GUN LAW NEWSLETTERS & UPDATES FROM TEXAS LAW SHIELD) (If applicable)

I hereby submit my application for membership in the Texas Law Shield, LLP Firearms program. I request that my application for enrollment in the firearms 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 1-877-448-6839 Ext. 1 to activate my membership card. I acknowledge that I have received the terms of the member contract for the firearms 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 firearms program selected.

Applicant Signature: _____ Date: _____

FACILITY REPRESENTATIVE USE ONLY:

1. Facility Promo Code: <u>Lone Star Tools</u>	CALCULATE AMOUNT TO BE CHARGED:
2. Law Shield Sales Rep Code: _____	Program amount: \$ _____
3. Application Entered By: _____	Minor Children Coverage: \$ _____
4. Platinum Plus (mark one): <input type="checkbox"/> Yes <input type="checkbox"/> No	Multi-State Coverage: \$ _____
5. Applicant Membership Card #: _____	Spouse/Partner Multi-State Coverage: \$ _____
6. Spouse/Partner Membership Card #: _____	Member Setup Fee(s): \$ _____
7. Payment Method (mark one): <input type="checkbox"/> Electronic Check <input type="checkbox"/> Credit/Debit Card	TOTAL AMOUNT DUE: \$ _____

*Please make checks payable to: Texas Law Shield, LLP

Credit Card #:

Expiration:

Security Code: