

ASSOCIATE APPLICATION

Defend Your Family. We'll Protect You!

Primary Associate Info				
Premium	Fifty State Protection	Bail Bond Coverage Up to \$100,000 Covered	Minor Children 17 and Under	2.5 1 12 25 1 15 5
Monthly: \$13.00	\$4.00/Month	\$4.00/Month	\$4.00/Month	Membership includes immediate protection.
Annual: \$145.00	\$35.00/Year	\$35.00/Year	\$35.00/Year	minieulate protection.
First Name		Last Name		
Email Address				
Mailing Address				
City		State	ZIP Phone N	lumber
Date of Birth Portal Password (Please include 1 capitalized letter and 1 special character;!@* - 9 character minimum)				
/_/				
Secondary Associate In	fo			
Premium	Fifty State Protection	Bail Bond Coverage	Secondary Associate must reside in the same	RIGHT TO
☐ Monthly: \$13.00	34.00/Month	\$4.00/Month	household as primary	BEAR SELF-DEFENSE
Annual: \$125.00	☐ \$35.00/Year	□ \$35.00/Year	member.	PROTECTION
First Name Last Name				
Email Address				
Date of Birth Portal Password (Please include 1 capitalized letter and 1 special character; !@* - 9 character minimum)				
/ /				
Totals		One-Time Start Up F		
Primary: \$	Secondary: \$	\$15.00/Per Persor	ree: Total:	\$
Credit Card Number Expiration (MM/YY) CVV(AMEX 4-Digit on front)				
_	_	_	7 / /	
Questionnaire				
1. Have you had any incident, event, occurrence, loss, or wrongful act prior to the inception of this membership, which may give rise to a claim? Representative Code: Facility Code:				
2. Have you ever been adjudicated as mentally incompetent?				
Signature:			Date:	
Please visit your member portal located on our website (www.ProtectWithBear.com) under the "Login" tab to access all of your membership information, billing and FAQs.				
Thank you for choosing Right To Bear Protection to be your extra line of defense!				