

First Legacy Corporation

20955 Pathfinder Road, Suite 100
Diamond Bar, CA 91765
Phone: (909) 843-6460 E-fax: (888) 789-0960

OFFICE USE ONLY
Assigned Associate ID:
M K _____

ADMIN. FEE
___ Y ___ N
Check # _____

Contract
Level
_____ %

MEMBERSHIP APPLICATION***The Legacy Marketing Group - MARKETING DIVISION*****APPLICANT INFORMATION (please print)**

Name _____ Name of Spouse: _____
Date of Birth: _____ SSN: _____ Cell Phone: _____
Current Address: _____ Home Phone: _____
City: _____ State: _____ Zip Code: _____
Own Rent (Please circle) _____ E-mail: _____

EMPLOYMENT INFORMATION

Current Employer: _____
Employer Address: _____ How long? _____
City: _____ State: _____ Zip Code: _____
Phone: _____ E-mail: _____ Fax: _____
Position/Title: _____ Hourly Salary (Please circle) _____

EMERGENCY CONTACT

Name of a Relative not residing with you: _____ Relationship: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____

DIRECT SPONSOR

Name: _____ Agent ID or SSN: _____ Cell Phone: _____
E-mail: _____

REFERENCES

Name: _____ Phone: _____
Name: _____ Phone: _____

SIGNATURE

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and consent and agree to authorize First Legacy Corporation to run my employment background check at anytime deems necessary whether such investigation is conducted by First Legacy Corporation or an external third party service. I authorize the references listed above to provide First Legacy Corporation with any and all information concerning my previous employment and any pertinent information they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to First Legacy Corporation as well as from the use or disclosure of such information by the company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am engaged as an independent contractor/employee/assistant, in the termination of the independent contractorship with First Legacy Corporation.

Signature of applicant: _____

Date: _____

Application must include: ___ \$50 Processing Fee (payable to: The Legacy Marketing Group) & all documents on the marketing check list. (to be placed on top of this application.). If you have any questions, e-mail: info@firstlegacycorp.com **Rev7/31/08**