

First Legacy Corporation

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Diamond Bar, CA 91765

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E-mail: info@firstlegacycorp.com

FOR OFFICE USE ONLY

ASSIGNED
ASSOCIATE ID:

M K _____

APPLICATION CHECK LIST

The Legacy Marketing Group

MARKETING DIVISION

NON-LICENSED

PRINT NAME OF APPLICANT: _____ PHONE: _____

- ☐ MEMBERSHIP APPLICATION
- ☐ BROKER/ASSOCIATE-LICENSEE/ASSISTANTS AGREEMENT
- ☐ AT-WILL EMPLOYMENT AGREEMENT
- ☐ W-9 FORM
- ☐ I-9 FORM/EMPLOYMENT ELIGIBILITY VERIFICATION
- ☐ FORM 4506-T
- ☐ DRIVER'S LICENSE (copy)
- ☐ PASSPORT (copy) or Social Security Card (copy)
- ☐ BACKGROUND SCREENING FORM
- ☐ ATTACH CHECK OF \$50
(processing fee payable to: The Legacy Marketing Group)

*Important: Applicant's Leader is responsible for checking application for missing information/documents.
Incomplete applications will be returned. Once complete, leader will sign below with contact information.

SIGNATURE - SENIOR MGR/DM/RM/VP

DATE

PRINT NAME - SENIOR MGR/DM/RM/VP

E-MAIL ADDRESS

CELL PHONE #: _____

AGENT CODE: _____

Note: All personal information will be kept confidential. Please submit completed application and documents to the address above. You may mail or leave documents with the front office receptionist in a sealed envelope ATTN: First Legacy Corporation. You will receive an e-mail notification confirming receipt of your application.

Rev7/31/08