



**Return Completed Form With Check To:**

Michigan Educator's Legal Service Plan  
39804 Rockcrest Circle  
Northville, MI 48168

**For immediate assistance call us at 248-321-8941**

<b><u>Licensed Capacity</u></b>	<b><u>Annual Fee</u></b>
12 – 100 .....	\$500
101 – 250 .....	\$750
251 + .....	\$1,000

Center Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Licensed Capacity: \_\_\_\_\_

Names of persons from your center authorized to consult with MELSP attorney:

1. \_\_\_\_\_

2. \_\_\_\_\_

Specific issues I need assistance with from MELSP:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I have read and agree to the MELSP Legal Service Plan Document.*

Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_