

# CCW Safe Permit Membership Application Form

## Member Information

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

Email: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please attach verification of permit and/or law enforcement or military credentials if applicable**

*If you do not possess a permit at this time and are waiting for your permit to arrive, your membership will cover you anywhere you can legally possess a firearm without, up to 4 months. Once you obtain your permit, you will immediately be covered anywhere you may legally carry your firearm. Contact CCW Safe Support Team when permit arrives.*

## Membership Plan

	Choose Your Rate	Add-on Coverage *Add-ons must be purchased at same payment schedule as the primary membership*
<b>Permit Plans</b>		
Ultimate Plan	<input type="checkbox"/> \$519/yr <input type="checkbox"/> \$47/mo	<input type="checkbox"/> \$2M Civil Liability - \$110/yr or \$10/mo <input type="checkbox"/> \$1.5M Spouse Civil Liability - \$220/yr or \$20/mo <input type="checkbox"/> \$2M Spouse Civil Liability - \$110/yr or \$10/mo
Defender Plan	<input type="checkbox"/> \$209/yr <input type="checkbox"/> \$19/mo	<input type="checkbox"/> \$1.5M Bond - \$50/yr or \$5/mo <input type="checkbox"/> \$1M Civil Liability - \$220/yr or \$20/mo <input type="checkbox"/> Spouse Add-on - \$100/yr or \$9/mo
Protector Plan	<input type="checkbox"/> \$179/yr <input type="checkbox"/> \$16/mo	<input type="checkbox"/> \$1.5M Spouse Bond - \$50/yr or \$5/mo <input type="checkbox"/> \$1M Spouse Civil Liability - \$220/yr or \$20/mo
HR218 Plan	<input type="checkbox"/> \$399/yr <input type="checkbox"/> \$37/mo	<input type="checkbox"/> \$1M Spouse Civil Liability - \$220/yr or \$20/mo <input type="checkbox"/> Spouse Add-on - \$100/yr or \$9/mo <input type="checkbox"/> \$1M Spouse Bond - \$50/yr or \$5/mo

**\*\*Please know you must also select the spouse \$1.5M civil liability add-on to purchase the \$2M spouse civil liability add-on.\*\***

## Payment Information

**Credit Card**

Credit card #: \_\_\_\_\_

Exp: \_\_\_\_\_ / \_\_\_\_\_

CVV: \_\_\_\_\_

**Check Payment**

Check #: \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_

Make Checks Payable to: CCW SAFE, LLC Mail to: PO BOX 438 Oklahoma City, OK 73101

## Membership Agreement

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing this form, you acknowledge that you have read and understand the terms of service and are not a person prohibited from possessing a firearm. You will receive an email once your membership is complete (contact [support@ccwsafe.com](mailto:support@ccwsafe.com) to confirm after 10 business days). Your "Welcome email" will include links to log into your account at [ccwsafe.com](http://ccwsafe.com) and to download your digital membership card to your smartphone. Your digital membership card can also be printed out, and will include our 24-hour emergency hotline number, as well as other information if you are involved in a self-defense deadly use of force. Contact [support@ccwsafe.com](mailto:support@ccwsafe.com) to request a wallet card. Note: Renewal Payments by check should be mailed 10-days in advance of expiration date.

