



SEQUOIA INNOVATIONS

Your Legacy, Your Family Tree

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NEW ASSOCIATE APPLICATION

TO BE COMPLETED BY NEW ASSOCIATE – PLEASE PRINT LEGIBLY

PERSONAL INFORMATION

| | | | | | |
|---|--|------------------------|------|----------------------|----------|
| Last Name | | First Name | | Date of Birth / / | |
| Primary Telephone #: | | Primary E-Mail Address | | Occupation/Employer | |
| Home Address | | | | | |
| Street | | APT# (if applicable) | City | State | Zip Code |
| Are you a Licensed Life Agent? | | | | Yes _____ | No _____ |
| IF LICENSED: PLEASE PROVIDE A COPY OF ALL CURRENT LICENSES WITH E & O CERTIFICATE | | | | | |

RECRUITER'S INFORMATION

| | | | | |
|-------------------|--|------------|------------|------------|
| Name of Recruiter | | Cell Phone | Home Phone | Work Phone |
| E-mail Address | | | Agent #: | |

Associates Signature

Recruiter's Signature

Fred Delgado, President & CEO
Sequoia Innovations