



Restore Freedom Plan *Application*

(Please fill in the blanks clearly and legibly.)

Tax year _____ application for membership in Restore Freedom Plan of:

Your full legal name _____

Spouse's full legal name *if joining with you* _____

Primary phone # _____ Secondary phone # _____

E-Mail Address(es) _____

Street Address _____

City _____ State _____ Zip Code _____

Do you have any unsettled issue or problem, either civil (money) or criminal, with the IRS, state, county, or city income tax agency? _____ **Yes**¹ _____ **No**

If yes, please explain: _____

¹ No one is turned away due to a pre-existing condition with the IRS or a state or local income tax agency. However, in case of a "Yes" answer to any of the above questions, you may incur additional costs owed to Freedom Law School to defend you or assist you with your pre-existing condition.

I (or We) hereby request to be a member or joint members of the Restore Freedom Plan, which is designed and intended to restore honest, responsive, and limited government to the United States of America. I (or We) will not file federal income taxes for the tax year shown unless I (or we) have federal income, in which case we will follow Freedom Law School (FLS) instructions.

I (or We) will email, fax or mail to FLS in a timely manner a copy of any and all correspondence related to federal, state, or local income tax related issues, understanding that all tax documents should be treated as time sensitive.

Freedom Law School will review the correspondence and prepare and email to me a legally correct response, which I/we will print, sign and mail as instructed by FLS.

I (or We) will read and understand all Petitions to Congress and follow FLS instructions for signing and mailing. If my (or our) marital status, income level, employment status, or under-age-18 child dependents on this Application (below) are incorrect or change without my having notified FLS, I (or we) understand that my (or our) RFP benefits may be limited or even withdrawn entirely:

- I am (or We are): Single ☐ Married ☐
- My (or Our) employment income was \$_____.
- My (or Our) self-employment income was \$_____.
- My (or Our) other income was \$_____, of type: _____.
- I (or We) have _____ (number) of dependent children under 18 years old.

Please refer to the membership fee charts under “Restore Freedom Plan Membership Prices” on [the RFP Agreement web page](#). If combination or “other” income, check with Freedom Law School. Write the amount here: \$_____. Subtract \$1,000 for each dependent child under 18 years old to get your total RFP contribution for the above-stated tax year: \$_____ (Minimum \$2,000.)

This agreement is good for the tax year indicated at the top of this form. The Applicant may renew their membership at the applicable renewal rate, which will be

based on the Applicant's marital status, income amounts and sources, and number of dependent children under age 18 at the end of that tax year.

I (or We) have enclosed payment in full of \$_____ or, I am (or we are) enclosing \$_____ and then will make _____ monthly payments of \$_____.

I (or We) have read the Restore Freedom Plan Agreement, which can be found here: <https://livefreenow.org/fls-course-packages/rfp-application-landing-page/>. I (or we) understand the benefits Freedom Law School has agreed to provide in the Restore Freedom Plan Agreement.

Date: _____ **Payment method** (circle one): Cash - Bitcoin – Ethereum

Applicant's signature

Spouse's signature

How did you find FLS?

To pay with **cryptocurrency**, which has a 5% convenience fee, call FLS at (813)444-4800 or email questions@livefreenow.org. Otherwise, send **cash** by USPS® Priority Mail® or Priority Mail Express®. It is against the law for anyone to open U.S. MAIL® except the recipient, even the IRS, the FBI, and other federal agencies.

Make a copy of the completed and signed application for your records and send the original along with **cash** payment by Priority Mail® or Priority Mail Express® to:

Freedom Law School, P.O. Box 10599, Brooksville FL 34603

FLS notes: _____

FLS acceptance signature: _____ Date _____