



# SEQUOIA INNOVATIONS

*Your Legacy, Your Family Tree*

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## New Agent Sign-Up Form

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