

**2012 DSAA MEMBERSHIP APPLICATION
MEMBERSHIP APPLICATION/ RENEWAL AND/OR UPDATE E-MAILING FORM**

The Driving School Association of the Americas, Inc.

**PLEASE PRINT INFORMATION TO BE PRINTED ON CERTIFICATE OF MEMBERSHIP AND DSAA WEBSITE
(ONLINE REGISTRATION AVAILABLE)**

| | | | |
|---|--|--|--------------------------------------|
| Check: | <input type="checkbox"/> New Member (Includes Dual News and E-mails) <input type="checkbox"/> Renewal (Includes Dual News and E-mails) <input type="checkbox"/> Non-Member Dual News Subscription and Mass E-mails) | | |
| Main School Name/ Firm: | | | |
| Contact Person(s): | | | |
| Address: | | | |
| City: | State/ Province: | Zip/ Postal Code: | |
| Toll Free Phone: | Phone: | Fax: | |
| Web Site Address: | | E-Mail Address: | |
| | | <i>(A generic website will be used if you do not have a website)</i> | |
| E-mail (Only One E-mail Address): | | | |
| Please Check Appropriate Box for Annual Membership Dues: Membership Expires December 31st | | | |
| <input type="checkbox"/> 1 to 5 Vehicles: \$125 | <input type="checkbox"/> 6 to 10 Vehicles: \$175 | <input type="checkbox"/> 11 or More Vehicles: \$225 | |
| <input type="checkbox"/> \$250 State/ Provincial Association Membership | | | |
| <input type="checkbox"/> \$1,000 Corporate Membership (Any Organization or Association Interested in Supporting the Goals of the DSAA) | | | |
| Optional: | | | |
| Add \$25.00 for EACH Additional Location Listing on TheDSAA.org Website | | | |
| Other School Name (If Different): | | | |
| Other Contact (If Applicable): | | | |
| Address: | | | |
| City: | State/ Province: | Zip/ Postal Code: | |
| Toll Free Phone: | Phone: | Fax: | |
| Web Site Address: | | E-Mail Address: | |
| | | <i>(Attach additional sheet if needed)</i> | |
| Payment in U.S. or Canadian Funds, Payable to DSAA Renewal Dates Received after April 1st: \$50.00 Late Fee will be Charged Automatically | | | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Discover | <input type="checkbox"/> Mastercard | <input type="checkbox"/> Visa |
| Card Number: | | | |
| Expiration Date (MM/YY): | | | |
| Cardholder Name (Please Print): | | | |
| Cardholder Billing Address (If Different): | | | Cardholder Phone: |
| Signature: | | | Total: |
| | | | \$ |
| <p><i>Membership Applicants Only: As a professional person, I promise to do all I can to contribute to the dignity, growth, development, and upgrading the driving school profession. Furthermore, I will uphold the ethics and ideals of the Driving School Association of the Americas, Inc. and pledge to maintain the standards above those set by state, local, and federal governments.</i></p> | | | |
| _____ | | _____ | |
| Signature of Applicant | | Date | |
| <p><i>All Applications and Information Belong to the DSAA and are Subject to Approval by the DSAA Board.</i></p> | | | |
| <p><u>Send Application and Information Form to:</u> DSAA Communications Office 3125 Wilmington Pike, Kettering, OH 45429 1-800-270-DSAA (3722) Fax: 937-290-0696 Info@thedsaa.org www.thedsaa.org</p> | | | |

