



# 2013 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. REGISTER ONLINE at [www.thedsaa.org](http://www.thedsaa.org)

**Check:**

- ☐ New Member (Includes Dual News and e-Bulletin)  
☐ Renewal (Includes Dual News and e-Bulletin)  
☐ Non-Member Dual News Subscription and e-Bulletin)

Main School Name/Firm:

Contact Person(s):

Address:

City:

State/ Province:

Zip/ Postal Code:

Toll Free Phone:

Phone:

Fax:

*(A generic website will be used if you do not have a website)*

Web Site Address:

E-Mail Address:

Please Check Appropriate Box for Annual Membership Dues:

**Membership Valid for One Year from Sign-up**

☐ 1 to 5 Vehicles: \$150

☐ 6 to 10 Vehicles: \$150

☐ 11 or More Vehicles: \$150

☐ \$250 State/ Provincial Association Membership

☐ \$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

*(Attach additional sheet if needed)*

Additional School Name (If Different):

Additional Contact (If Applicable):

Address:

City:

State/ Province:

Zip/ Postal Code:

Toll Free Phone:

Phone:

Fax:

Web Site Address:

E-Mail Address:

Payment in U.S. or Canadian Funds, Payable to The DSAA

Form of Payment: ☐ Check ☐ Discover ☐ MasterCard ☐ Visa

Credit Card Number:

Expiration Date (MM/YY):

Cardholder Name (Please Print):

Cardholder Billing Address (If Different):

Cardholder Phone:

Signature:

Total: \$

*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.*



Signature of Applicant

Date

*All Applications and Information Belong to the DSAA and are Subject to Approval by the DSAA Board.*

Send Application and Information Form to:

DSAA Communications Office

3125 Wilmington Pike, Kettering, OH 45429

1-800-270-DSAA (3722) Fax: 937-290-0696

[info@thedsaa.org](mailto:info@thedsaa.org) [www.thedsaa.org](http://www.thedsaa.org)