



The American Driving Society, Inc.
(The "ADS")

Membership Renewal Form
(Please Print)

Name: _____

Club Name or Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Billing Address: (if different than mailing): _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Family membership includes (names): _____

Driving Interests (circle all that apply)

Recreational - Pleasure - Combined - Trail - Other: _____

Member Type (circle one)

Life	\$1,000 per person (or two payments of \$500)
Commercial -	\$100
Family -	\$95
Individual	\$75
Junior (under 18)	\$40

Method of Payment: Check, Money order, Visa, MasterCard

Card # _____

Exp Date: _____ CSV (req) _____

Name on Card: _____

Signature: _____