



The American Driving Society, Inc.

ADS Membership Form

Please print legibly

Name _____

Club Name or Company Name _____

Mailing Address _____ City _____

State _____ Zip _____ Country _____ Birthdate _____

Billing Address (if different than mailing) _____

City _____ State _____ Zip _____ Country _____

Email _____ Phone _____

Family memberships (Up to two adults and dependents under the age of 19)

Name/Birthdate _____ Name/Birthdate _____

Name/Birthdate _____ Name/Birthdate _____

Name/Birthdate _____ Name/Birthdate _____

Member Types (check one)

☐ Lifetime \$1,920 (per person)

☐ Commercial \$120

☐ Family \$115

☐ Individual \$85

☐ Club \$60 (only for clubs, not individuals)

☐ Junior \$40 (under 18)

*Outside of the U.S., please add \$30 shipping charge to all annual memberships.

Method of Payment: Check, Cash, Visa, MasterCard, AMX and Discover

Card # _____ Exp. Date _____

CSV (required) _____ Name on Card _____

Signature _____