

DSA Membership Form



Monthly Dues (charged monthly)

20% of Monthly Dues are shared with your local chapter

- | | |
|---------------------------------|--|
| <input type="checkbox"/> \$5/m | <input type="checkbox"/> \$25/m |
| <input type="checkbox"/> \$10/m | <input type="checkbox"/> \$40/m |
| <input type="checkbox"/> \$15/m | <input type="checkbox"/> \$50/m |
| <input type="checkbox"/> \$20/m | <input type="checkbox"/> Custom: \$_____/m |

This is a renewal

☐

One-time Dues

- | | | |
|-------------------------------|--------------------------------|--|
| <input type="checkbox"/> \$20 | <input type="checkbox"/> \$60 | <input type="checkbox"/> \$175 |
| <input type="checkbox"/> \$27 | <input type="checkbox"/> \$85 | <input type="checkbox"/> Custom: \$_____ |
| <input type="checkbox"/> \$45 | <input type="checkbox"/> \$110 | |

Make my dues annual recurring dues (charged yearly)

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Lifetime Membership (billed once)

- ☐ \$750

Member Information

First Name

Last Name

Phone

☐

Mobile

☐

Home

Email

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Payment Information For monthly or annual recurring dues please provide ACH or credit card info below.
For one-time dues payments paid by check, please make check out to "DSA"

ACH - Routing #

Account #

☐

Checking

☐

Savings

☐

VISA

☐

Mastercard

☐

AMEX

☐

Discover

☐

ACH (e-Check)

Credit Card (required for monthly dues)

Expiration Date

Security Code

Billing Address

Shipping Address

☐

Same as billing

Add Billing Name (if different from member name)

Street Address

Street Address

City

City

State

Zipcode

State

Zipcode

☐

Please send me more information about making a planned gift to DSA and DSA Fund.

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I have made a planned gift to DSA and/or DSA Fund.