

MDTSEA ORIGINAL/RENEWAL MEMBERSHIP FORM

(Renewal period valid through April 30)

Please mark one of the following membership prices/types:

Membership price with E-mailing. *Member must provide an email address below.	Membership price with mailing through the U.S. Postal Service.	Membership Type
<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	Active: Teaching or supervising driver and traffic safety education.
<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	Associate: Persons interested in MDTSEA purposes but not eligible for active status.
<input type="checkbox"/> \$50	<input type="checkbox"/> \$75	Sustaining Individual: Individuals who support MDTSEA purposes. Name appears in Newsletter.
<input type="checkbox"/> \$100	<input type="checkbox"/> \$125	Sustaining Organization: Organizations that support MDTSEA purposes. Name appears in Newsletter.
*Email address:		

Information about you:

Name:	
Organization/School:	Work county:
Mailing Address:	
Telephone Number:	

For our database:

Employer:	<input type="checkbox"/> Public school	<input type="checkbox"/> Privately owned school	<input type="checkbox"/> Other organization
Vehicles you train in:	<input type="checkbox"/> Auto	<input type="checkbox"/> Truck	<input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle
Are you a Third Party Examiner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Which textbook do you use?	Name:		

<p>Payment: Please make a copy of this membership form before mailing it and your check or credit card information to the following address. If you intend to pay by credit card, you can also scan/email your form.</p>	<p>MDTSEA PO Box 20611 Kalamazoo, MI 49019 Telephone (517) 214-5775 FAX (517) 487-6358 Email: mdtsea@gmail.com</p>
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<p>Payment by credit card:</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> Discover</p>	<p>Card number: _____</p> <p>Expiration (mo/yr): _____</p> <p>Amount authorized: _____</p>	<p>Signature: _____</p>
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