

DSA Membership Form

Monthly Dues (charged monthly)

20% of Monthly Dues are shared with your local chapter

- \$5/m \$25/m
 \$10/m \$40/m
 \$15/m \$50/m
 \$20/m Custom: \$_____/m

One-time Dues

- \$20 \$60 \$175
 \$27 \$85 Custom: \$_____
 \$45 \$110

Lifetime Membership (billed once)

One-time payment for 50-year membership

- \$750

Member Information

First Name

Last Name

Phone

Email

() -

Payment Information

Enclose a check made out to "DSA" or provide your major credit card information below.

- VISA Mastercard AMEX Discover

Credit Card (required for monthly dues)

Expiration Date

Security Code

Billing Address

Add Billing Name (if different from member name)

Shipping Address

Same as billing

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.

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

Return to:

DSA/DSA Fund, PO Box 1038, New York, NY 10272

E-mail: membership@dsausa.org

