SAFE Roads Alliance

Membership form

Applicant Information: (must be completed in full)

Name: _____

Address: _____

_____

City: _____ State: ☐☐ Zip Code: ☐☐☐☐☐ - ☐☐☐☐

Phone Number: ( ) - e-Mail: _____

Note: If provided, your membership certificate will be emailed to you from saferoadsalliance.org. Please check your "junk mail" settings accordingly. We do not sell your email or personal information, we promise

In Control Advanced Driver Training Information:

Family member who completed training: _____

Date of course completion: ☐☐ / ☐☐ / ☐☐

Insurance information:

Insurance Carrier Name: _____

Insurance Agency Name: _____ City: _____

Are you interested in taking advantage of the 5% auto insurance discount for Safe Roads alliance members? (discount applies to Safety insurance customers only)?

☐ Yes ☐ No

Are you interested in learning more about driving safety through our SAFE Roads Alliance safety newsletters?

☐ Yes ☐ No

Are you interested in hearing about new member benefits as they become available?

☐ Yes ☐ No

How would you like us to contact you?

☐ e-Mail ☐ Regular Mail ☐ Both

$20 Membership fee (required) if paying by **check make payable to Safe Roads Alliance** and mail with form to address below

Name (exactly as printed on card): _____

Credit Card #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Card Holder address must match information above

Exp. Date: ☐☐ / ☐☐ Security Code:: ☐☐☐☐

For Visa, MasterCard, and Discover cards, the security code is the last 3 digit number located on the back of your card on or above your signature line. For an American Express card, it is the 4 digits on the FRONT above the end of your card number.

Fax to (617) 830-2690
or mail completed application to:
Safe Roads Alliance
PO Box 422
North Andover, MA 01845

www.SafeRoadsAlliance.org

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Signature (required)