

DRIVING ASSESSMENT REGISTRATION



REGISTRANT INFO

NAME:	
ADDRESS:	
CITY:	
ZIP:	
PHONE:	
EMAIL ADDRESS:	
AAA MEMBER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
MEMBERSHIP NUMBER:	
SHARE ASSESSMENT REPORT WITH:	

ASSESSMENT FEE

1.5-HOUR ASSESSMENT: \$100 / MEMBER \$125 / NON-MEMBER

CREDIT CARD INFO

TYPE: VISA MASTER CARD DISCOVER AMEX

CARD NUMBER: _____ EXPIRATION DATE: _____

3-DIGIT CCV: _____ BILLING ZIP CODE: _____

SIGNATURE: _____

Send completed form with payment (credit card information or check made payable to **AAA Driving School**) to:

AAA Driving School
804 Estelle Drive
Lancaster, PA 17602-2121

Advance payment is required to secure your assessment

For more information call 1-800-723-7021 or email drivingschool@aaacp.com

TO BE COMPLETED BY AAA STAFF

DATE RECEIVED _____ EMPLOYEE INITIALS _____ PAID _____ CHECK NUMBER _____