

# 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: ☐ \$200 / MEMBER ☐ \$225 / 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](mailto:drivingschool@aaacp.com)

TO BE COMPLETED BY AAA STAFF

DATE RECEIVED \_\_\_\_\_ EMPLOYEE INITIALS \_\_\_\_\_ PAID \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_