



**DOT Safety Helpers, Inc**  
 1585 Ellinwood Ave. Ste 206  
 Des Plaines, IL 60016  
 Ph.: (773) 647 - 3100 Fax: (847) 298 - 8961

## Membership Application

**Company Name:**  
 (if individual than above)

Last Name

First Name

M.I.

Applicant :  Mr.  Mrs.  Ms.

--	--	--

**Physical Address:**

**City:**

**State:**

**Zip Code:**

**Mailing Address:**

(if different than above)

**City:**

**State:**

**Zip Code:**

**Contact Person:**

**Contact Title:**

First Name, Last Name, M.I.

**Phone #:**

**Fax #:**

**Cel #:**

**E-mail:**

**I HEREBY APPLY FOR MEMBERSHIP IN THE DOT Safety Helpers, Inc. (DSH)**

**I UNDERSTAND:**

- MEMBERSHIP DUES ARE \$130.00 ANNUALLY
- DUES ARE NON-REFUNDABLE AND SUBJECT TO CHANGE
- MEMBERSHIP IS NON-TRANSFERABLE

SUBMISSION OF THIS APPLICATION FOR MEMBERSHIP AUTHORIZES DSH AND ITS AFFILIATED BENEFIT PROVIDERS TO CONTACT ME OR MY COMPANY BY MAIL, PHONE, FAX OR E-MAIL REGARDING DSH MEMBERSHIP AND MEMBER BENEFITS.

### AUTHORITY TO ACCESS MY CREDIT CARD

I  authorize Atom Financial Services, Inc to access my credit card (Visa) / (MC).  
choose one

First Name, Last Name, M.I.

MM/YYYY

	and		and	
--	-----	--	-----	--

Credit Card Number

Expiration Date

C.O.D. 3 digit on Card

**Cardholder Name and Address (Please Print):**

--	--	--

Last Name

First Name

M.I.

Address

--	--	--

City

State

Zip Code

		Date		Phone # :	
--	--	------	--	-----------	--

Signature

Print First and Last Name