



DC PROFESSIONAL TAXICAB DRIVERS ASSOCIATION INC.

2417 EVARTS STREET NE 2ND FLOOR, WASHINGTON DC 20018

(Please check all that apply, complete the form and mail to the above address.
We will mail you the receipt)

Defense Fund _____ Membership Initiation Fee \$25.00 Dues \$25.00 Other _____

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State _____ ZIP _____

Cab Company _____ Cab No _____

Driver's License _____ Exp. Date _____

Face ID _____ Exp. Date _____

Cell Phone _____

Home Phone _____

Email Address _____

Signature _____