



# 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 \_\_\_\_\_