

ACSA

American Consumer Services Association

P.O Box 3692

Shawnee Mission, Kansas 66203

Membership Application



- **Consumer Education**
- **Exclusive *Member Only* Benefits**
- **Discounts On Services to Members**

Member Information

(Please print legibly)

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Date _____

Signature _____

Privacy Notice: ACSA never sells member information for any reason.

Please enroll me in the American Consumer Services Association. I understand that member benefits and participating in voluntary ACSA programs are available only to members whose dues are paid on a current basis. Dues are \$3.00 per month and may be changed by action of the Board of Director of ACSA.