


Downtown Security Directors Association 2018 Membership Application

Date of Application _____	
Name _____	
Company Name _____	
Nature of Business Security _____	
Property or Building Name _____	
Business Address _____	
Civic Organizations _____	
Main Telephone _____ Fax # _____	
Direct Telephone _____ Fax # _____	
E-Mail Address _____	

Include \$ 50.00 Annual Membership Fee with Invoice

Membership for 2018	
Make Checks Payable To:	
DSDA OF DALLAS att: T.J. Warner 901 Main St Suite 7100 Dallas, Tx 75202	
I certify that all information herein is true and complete to the best of my knowledge. I authorize verification of this information, and release all concerned from liability in connection therewith. I hereby apply for membership with the Downtown Security Directors Association. I agree to abide by the Constitution and by-laws and promote its objectives. I understand that providing false or misleading information in this application shall be grounds for denial of membership or expulsion from the association.	
Signature _____	Date _____