St. Albans & District Driving Schools Association

www.saddsa.co.uk

Membership Application

Name ….....

Address ….....

….....

….....

….....

Phone Mobile …..... Home ….....

Email ….....

Website ….....

ADI Number …..... Date Qualified ….....

How long have you been an independent ADI running your own business? ….....,.

Name of Driving School ….....

Make, model and colour of cars used. Car 1 …..... Auto/Manual/Petrol/Diesel/Electric

Car 2 …..... Auto/Manual/Petrol/Diesel/Electric

Other Tuition given (e.g. Motorbike, PCV, LGV, PassPlus, Advanced, Under 17, Off Road, NDORS Driver Improvement, Taxi Test, etc.)

….....

Signature of Applicant …..... Date ….....

Please return your completed Application Form to :

jane.drivertraining@gmail.com

Or by post to: SADDSA Membership Secretary, 17 Liberty Close, Hertford, SG13 8JY