

.onI ,sDT - eeeT  
7999 - TDS - Inc

# Membership Application Form Instructions

## When to use the Membership Application Form

Use this form to enroll a prospective employee in the DISA Contractors Consortium (DCC). Always send a Membership Verification Form **BEFORE** sending this form to determine if the prospective employee is already an active member, or, is even eligible for active membership.

## How to use the Membership Application Form

### General Instructions

This form is designed to be processed automatically. Please use a black ballpoint or metal point pen when filling out this form. Please do not make any stray marks on the form. If you make a mistake you must fill out a new form – cross outs cannot be read. When filling in text boxes, print neatly in capital letters and do not let the letters/numbers touch the edges of the boxes.

### Step-By-Step Instructions

#### Employee/Donor Information:

- Fill in the prospective employee's last name, first name, and middle initial.
- Fill in the prospective employee's social security number.
- Fill in the prospective employee's home phone number. If the employee does not have a home phone, put your business phone number instead.
- Fill in the prospective employee's location/cost center code if you have set your account up to be broken into location/cost centers for billing purposes.
- Fill in the state abbreviation and site code for the collection site prospective employee will be sent for testing. If unknown call DISA, Inc. at (713) 972-3472.

#### Policy Information:

- Shade the bubble next to each random pool that the employee should be subject to.
- Shade this bubble if the prospective employee should not be subject to the DCC random. By shading this bubble, you are indicating that you do not want this person to be an active, verifiable member of the DCC. You should only shade this bubble for Company Policy/Department of Transportation employees. If you shade this bubble then you do not need to complete the signature fields.

#### Signature Information:

- Fill in the last name, first name, and middle initial of the person who will witness the employee's signing of the form.
- Have the prospective employee read the statement, sign and date the form.
- Have the witness sign, date and fax the form to DISA, Inc.
- Send prospective employee to a DISA, Inc. approved collection site with both the up Custody and Control form and the Alcohol Test Result Data Collection form. DISA, Inc. will send you a Membership Application Form response once all of the results and forms have been received.