

that I have certified be false, misleading, or contain omissions. I agree to notify ASCSA of changes to information or of new information pertinent to this application.

I have placed my electronic signature on this application. I understand that by typing my full name on the line below, I am affixing my electronic signature which is contractually binding, represents my knowing certification, and has the same legal force and effect as an original hand-produced signature.

Type Full Name Here *

Date *

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MM

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IMPORTANT:

Before submitting this form, please PRINT A COPY for your records.

SAMPLE