



MEMBERSHIP APPLICATION

Tow Team Member

Company _____

Name _____

Address _____ City _____ State ____ Zip _____

Phone _____ Fax _____

E-mail _____ Website _____

Number of Employees _____

Number of Trucks by Class ____ Light ____ Medium ____ Heavy

Title _____

Membership Dues:

_____ Tow Team Member \$50.00/year

I understand that this application is subject to approval by the Board of Directors of the association; and, if not accepted, my payment will be refunded in full. Until such time, I shall be designated as a member-applicant. If elected to membership, I pledge to conform to the Articles, By-laws, Code of Ethics, and other acts of the Arizona Professional Towing and Recovery Association.

The Company must be a member in good standing of the association, for the tow team member applicant to qualify.

Signature: _____

Membership Dues Payment

Total Amount (from above) \$ _____

Method of Payment: Check Enclosed Credit Card (Visa/MC Only)

Credit Card # _____ Exp. Date _____ SIC (3 digit code on back) _____

Name as Printed on Card _____ Signature _____

Billing Address for Card _____

Please return application to:

Arizona Professional Towing & Recovery Association

PO Box 61833, Phoenix, AZ 85082-1833

Phone: (602) 863-3373 | Fax: (520) 200-0363 | E-mail: angela@aptra.net