



MEMBERSHIP APPLICATION

Company _____

Address _____ City _____ State ____ Zip _____

Phone _____ Fax _____

E-mail _____ Website _____

Number of Employees _____

Number of Trucks by Class ____ Light ____ Medium ____ Heavy

Representative _____ Title _____

Owners and/or Corporation Officers

Position/Title

1. _____

2. _____

Annual Membership Dues / Membership Class (Select one)

Associate Member Dues:

1 Tow Truck _____ \$295.00
2 to 5 Tow Trucks _____ \$495.00
6 to 15 Tow Trucks _____ \$995.00
16 + Tow Trucks _____ \$1,495.00

Bronze _____ \$295
Silver _____ \$595
Gold _____ \$745

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 and other acts of the Arizona Professional Towing and Recovery Association.

Signature: _____

Membership Dues Payment

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