



## 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 \_\_\_\_\_ \$350  
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: \_\_\_\_\_

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### 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](mailto:angela@aptra.net)