



## 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. \_\_\_\_\_

<u>Annual Membership Dues / Membership Class</u>	<u>Associate Member Dues:</u>	<u>Legacy Member:</u>
1 Tow Truck _____ \$295.00	Bronze _____ \$350	_____ \$3995
2 to 5 Tow Trucks _____ \$495.00	Silver _____ \$595	
6 to 15 Tow Trucks _____ \$995.00	Gold _____ \$745	
16 + Tow Trucks _____ \$1,495.00		

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](mailto:angela@aptra.net)