



ASSOCIATE MEMBERSHIP APPLICATION

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____ Website _____

Representative _____ Title _____

Annual Associate Membership Dues

__ **Bronze \$350 Benefits include;** Website listing, Networking opportunities through periodic meetings and social events, Newsletter exposure, invitation to the annual events and trade shows

__ **Silver \$595 Enhanced** with all the above benefits and with Banner Website Advertising.

__ **Gold \$745 Direct Exposure** includes each benefit listed AND an Annual Presentation to the membership at one of our meetings during the 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, bylaws and other acts of the Arizona Professional Towing and Recovery Association.

Signature: _____

Member who referred me: _____ Phone: _____

Membership Dues Payment

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

Associate Member Designation (check one): __ \$350 Bronze __ \$595 Silver __ \$745 Gold

Credit Card # _____ Exp. Date _____ SIC (3 or 4 digit code) _____

Name as Printed on Card _____ Signature _____

Billing Address for Card _____

City _____ State _____ Zip _____ Email: _____

Please return application to:

Arizona Professional Towing & Recovery Association
P.O. Box 61833, Phoenix, AZ 85082-1833
Phone: (602) 863-3373 | Fax: (520)200-0363 | E-mail: angela@aptra.net