



## 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: \_\_\_\_\_

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