



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

Affiliate Member Dues:

Tow Truck Company _____ \$250.00

Vendors _____ \$400.00

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 Tennessee Tow Truck 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:

Tennessee Tow Truck Association

PO Box 1335

Union City, TN 38281

Email- administrator@tenntowtruckassoc.com