



Membership Application:

DATE: _____

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ - _____ FAX: (____) _____ - _____

EMAIL: _____

Regular Membership:

Owners or authorized representatives of companies or firms to which the operation of motor vehicle towing is an integral part of the business. Only one regular membership per company is allowed. Annual Dues are \$200.00 and one voting right is granted.

Member Name: _____

Associate Membership:

Employees of tow services or individuals who were previously involved in the towing industry. Annual dues are \$25.00 and no voting right is granted.

Member Name: _____

Business Membership:

Representatives of all other entities engages in the business or activity that is related to this industry and sympathetic to the precepts hereof. Annual dues are \$150.00 and no voting right is granted.

Member Name: _____

PLEASE RETURN THIS APPLICATION WITH YOUR PAYMENT MADE PAYABLE TO:

MISSOURI TOW TRUCK ASSOCIATION
P.O. BOX 1221
Liberty MO 64068

For Office Use Only:

Amount Paid: \$ _____

Membership Approved By _____