

AMERICAN TOWING & RECOVERY INSTITUTE

MEMBER APPLICANT INFORMATION

Contact Name:

Company Name:

Address:

City:

State:

Zip:

Phone:

Secondary Phone:

Email:

Fax:

COMPANY INFORMATION

Number of Years in Business: _____ Is towing your company's primary business? _____ If No, what is the primary Business

Number of Towing Professionals: (Please include all personnel involved with towing not just operators) _____

Services your company offers:

Number of Light/Medium Duty Units:

Number of Heavy Duty Units:

Number of support units & equipment:

Other services You offer:

SECONDARY CONTACT (OPTIONAL)

If you cannot be reached whom can be contacted on your behalf:

Additional Contacts:

SPOUSE INFORMATION

Name:

Phone:

Email:

WHAT SERVICES OR BENEFITS WOULD YOU LIKE TO SEE OFFERED BY AT&RI?

WHAT ISSUES WOULD YOU LIKE TO SEE ADDRESSED BY AT&RI?

ARE THERE ANY GROUP BUYING PLANS OR MEMBER BENEFITS YOU CAN INTRODUCE TO THE INSTITUTE?

ATRI MEMBERSHIP DUES \$225.00 PER YEAR

Check Check # _____ Mail Check to ATR&I, PO Box 007, Wade, NC 28395 Check One: Visa MasterCard American Express

Name on card:

Card #

Expiration:

3 Digit code on back:

Billing address:

City:

State:

zip:

Signature:

If my information changes I will contact American Towing & Recovery Institute to update my information. I understand that American Towing & Recovery Institute will not sell or share my information but only use for membership purposes only.

Signature of Applicant:

Date: