



2023 Membership Application

Your name: _____ Position in Company: _____

Company Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____ Fax: _____

Email (required for updates, newsletters, etc.): _____

Years in towing: _____ Birth Date (M/D): _____

PAYMENT INFORMATION

___ **2023 WTRAA MEMBERSHIP DUES** **\$50.00**

___ **Optional: Contribution to the WTRAA Education Fund**
(Please note that WTRAA cannot accept Scholarship Fund * donations) \$ _____

* The WTRAA Scholarship Fund is under the TRAA Education Foundation. Donations for the Scholarship Fund must be made payable to TRAA Education Foundation, 700 12th St NW, Suite 700, Washington DC 20005

PAYMENT OPTIONS

___ Join online via credit/debit card using PayPal on our website (<https://wtraa.org/>)!

Or

___ Send completed application with payment to: WTRAA c/o Cynthia Martineau, 104 Walnut Street, Leominster, MA 01453

Enclosed is check # _____ made payable to WTRAA **Total Amount: \$ _____**

If your membership type has changed please check the appropriate level below.

___ **Regular Member (Voting Member):** Please circle the appropriate qualification below:

- A. Membership shall be open to all women, whether by relationship or by means of their employment who are affiliated with regular or associate members of TRAA.
- B. Membership shall be open to all women, whether by relationship or by means of their employment who are affiliated with regular or associate members of state and local towing associations who are members of TRAA.

State towing association affiliated with TRAA _____

___ **Supporting Member (Non-Voting Member):**

Membership shall be open to any person, firm or company engaged in a business of serving or supplying the towing-recovery-storage industry. Supporting membership does not have voting rights.

Signature _____ Date _____

Questions? Email: contact@wtraa.org