



2025 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

____ **2025 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 Michelle Sukow PO Box 737 Lake Mills, WI 53551
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