



# 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 \_\_\_\_\_

| <u>Owners and/or Corporation Officers</u> | <u>Position/Title</u> |
|---|-----------------------|
| 1. _____                                  | _____                 |
| 2. _____                                  | _____                 |

|                                 |                               |
|---------------------------------|-------------------------------|
| <u>Annual Membership Dues</u>   | <u>Affiliate Member Dues:</u> |
| Tow Truck Company ____ \$180.00 | Vendors ____ \$240.00         |

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: \_\_\_\_\_

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### 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 this application to the:

**Tennessee Tow Truck Association**

**3855 Oakwood Church**

**Cedar Hill, TN 37032**

**Email- administrator@tenntowtruckassoc.com**