



## MEMBERSHIP APPLICATION

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web site: \_\_\_\_\_ E-mail \_\_\_\_\_

### What type of company are you?

- Towing Firm - How many units do you have?
- Allied (please specify type of business)
- Out of State Towing Firm
- Friend of Towing

### Annual Dues Schedule:

WI Towing Firms: \$195 for ONE unit\*\*  
\$20 for EACH additional unit

Allied: \$210

Out of State: \$90

Friend: \$30

**\*\*"Units" are defined as wreckers, car carriers, and tractor/lowboy or tractor/flatbed combinations.**

Payment options:  Check enclosed  Bill me  Charge to my credit card (MC/VISA)

If you are charging your dues on your credit card, please enter the information in the boxes below.

MC \_\_\_\_\_ VISA \_\_\_\_\_ Number: \_\_\_\_\_

Expiration \_\_\_\_\_

Return this form to: Wisconsin Towing Association  
PO Box 44849  
Madison, WI 53744