



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 _____

Owners and/or Corporation Officers

Position/Title

1. _____

2. _____

Annual Membership Dues

Associate Member Dues:

Tow Truck Company ____ \$200.00

Vendors ____ \$300.00

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 Utah Professional Towing Alliance

Signature: _____

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 application to:

Utah Professional Towing Alliance

PO Box 540242

North Salt Lake, UT 84054