



APPLICATION FOR MEMBERSHIP

Your name _____ Position in Co. _____

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax # (____) _____

Number of years in Towing _____ Birthdate: Month ____ Day ____

Email (required for communication, updates, newsletter) _____

Please check type of membership:

- _____ **Regular Member (Voting Member):** Please choose one qualification
 - 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 _____

PAYMENT INFORMATION:

___ Enclosed is check # _____ made payable to WTRAA for \$30.00 \$ 30.00

___ **I HAVE ALSO INCLUDED A CONTRIBUTION TO THE WTRAA SCHOLORSHIP FUND** (tax deductible) **IN THE AMOUNT OF \$** _____ \$ _____

Total Amount Enclosed: \$ _____

PLEASE SEND COMPLETED APPLICATION AND CHECK TO:

WTRAA, c/o Mary Weber, Ken Weber Truck Svc, N27W26560 Prospect Ave. Pewaukee, WI 53072

FAX TO: 262-691-7472 EMAIL TO: kwtsmary@wi.rr.com Questions? Call 262-691-0333

Apply On-line via TRAA at www.towserver.net

THANK YOU SO MUCH FOR YOUR INTEREST IN WTRAA- THE ONLY NATIONAL ORGANIZATION FOR WOMEN IN THE TOWING INDUSTRY!!!