

Women of the Towing and Recovery Association of America

APPLICATION FOR MEMBERSHIP

Your name _____

Company Name _____

TRAA Company ID # _____ Position
in Co. _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work (____) _____

Fax # (____) _____ Email _____

Number of years in Towing _____ Affiliated with _____ (State towing
association)

Birthdate: Month _____ Day _____ Anniversary: Month _____ Day _____

Signature _____ Date _____

PAYMENT INFORMATION:

_____ Enclosed in a check made payable to WTRAA for \$30.

_____ I HAVE ALSO INCLUDED A CONTRIBUTION TO THE WTRAA SCHOLORSHIP
FUND IN THE AMOUNT OF \$ _____

TOTAL CHECK \$ _____

PLEASE PRINT THIS FORM AND MAIL WITH CHECK TO:

WTRAA, c/o TRAA, 2121 Eisenhower Avenue, Suite 200, Alexandria, Virginia 22314.

FAX TO: 703-684-6720 EMAIL TO: towserver@aol.com Questions? Call 800-728-0136

I will be willing to help WTRAA in the following ways: Circle as many as you like....

Fundraising Trade Shows Newsletter reporter Special Events

Other areas _____

THANK YOU SO MUCH FOR YOUR INTEREST!!