



2013 APPLICATION FOR MEMBERSHIP

Your name _____ Position in Co. _____

Company Name _____

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:

_____ **WTRAA Membership** \$ 30.00

_____ **I HAVE INCLUDED A CONTRIBUTION TO THE WTRAA EDUCATION FUND IN THE AMOUNT OF \$ _____** \$ _____

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

PAYMENT Options:

_____ Enclosed is check # _____ made payable to WTRAA Total Amount Due: \$ _____



or visit www.wtraa.org/

PLEASE SEND COMPLETED APPLICATION WITH PAYMENT TO:

WTRAA c/o Cynthia Martineau, 104 Walnut Street, Leominster MA 01453

Questions? Email: contact@wtraa.org or Call Michelle Topel: 920-648-6442

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