



## 2019 Membership Application

Your name: \_\_\_\_\_ Position in Company: \_\_\_\_\_

Company Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email (required for updates, newsletters, etc.): \_\_\_\_\_

# Years in towing: \_\_\_\_\_ Birth Date (M/D): \_\_\_\_\_

### PAYMENT INFORMATION

2019 WTRAA MEMBERSHIP DUES \$30.00

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

### PAYMENT OPTIONS

Join online via credit/debit card using  on our website ([www.wtraa.org/](http://www.wtraa.org/))!

Or

Send completed application with payment to: WTRAA c/o Cynthia Martineau, 104 Walnut Street, Leominster, MA 01453

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

*If your membership type has changed please check the appropriate level below.*

**Regular Member (Voting Member):** Please circle the appropriate qualification below:

- 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 \_\_\_\_\_

**Questions?** Email: [contact@wtraa.org](mailto:contact@wtraa.org)