



2020 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

___ 2020 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/)!

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