

APTRA MEMBERSHIP APPLICATION

Company: _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____ City _____ State _____ Zip _____

Company Type: Corporation Partnership Sole Ownership Other

Number of Employees: _____

Number of Trucks by Class: _____ Light _____ Medium _____ Heavy

Representative: _____ Title: _____

Owners and/or Corporation Officers	Position/Title
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1. _____

2. _____

Membership Dues/Membership Class

Associate Member \$240 _____ State Member \$240 plus \$25 per Truck _____

I understand that this application is subject to approval by the Board of Directors of the association; and, if not accepted, my payment will be refunded in full. Until such time, I shall be designated as a member-applicant. If elected to membership, I pledge to conform to the Articles, By-laws, Code of Ethics and other acts of the Arizona Professional Towing and Recovery Association.

Signature: _____

(For Association Use)

Company Name: _____ Assoc. _____ State _____

Amount Paid _____ Method of Payment _____ Date _____

Authorized APTRA signature _____

Please remit application to:
APTRA, 17235 North 75th Ave., Suite D145, Glendale, AZ 85308