

Indiana Towing & Wrecker Association

Application for Membership

Date_____ Referred By_____

Please check one: Regular member () Associate Member ()

\$365.00 per year

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Name of Owner _____

Years in business _____ # of employees _____ # of wreckers _____

Other associations your company belongs to _____

If you checked Associate Member, what products do you sell? _____

Employee Member () \$50.00 per year

Employee Name _____

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

The undersigned is requesting acceptance into the membership of the Indiana Towing & Wrecker Association and promises to abide by the By-Laws of the Association. Unless otherwise noted the member's information will be listed on the ITWA website and in the membership directory. The following signature also gives ITWA permission to charge your credit card for dues.

Signature _____ Title _____ Date _____

Date of membership approval _____ Signature of approval _____

Amount paid _____ Check# _____ Credit Card# _____ Exp Date _____ Security Code _____ Type of card _____

Make checks payable to ITWA. Return application to 135 North Pennsylvania St Suite 1175 Indianapolis, IN 46204