

## Indiana Towing & Wrecker Association Application for Membership

Date \_\_\_\_\_ Referred By \_\_\_\_\_

**Please check one: Regular member ( ) Associate Member ( ) \$365.00 per year ( ) \$500 Club**

Company Name \_\_\_\_\_

Company Federal ID Number: \_\_\_\_\_

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? \_\_\_\_\_

***The \$500 Club is a voluntary contribution of \$135 on top of your regular dues membership of \$365. It helps cover the cost of keeping Indiana up to date on all things legislative that pertain to our industry, most recently fighting the NCOIL legislation. The benefits you receive from improved legislation, more than cover the addition dues contributed. Please consider supporting ITWA by increasing your annual dues payment to \$500.***

### ***Employee Member ( ) \$50.00 per year Employee***

Membership shall be open to all employees, whether by relationship or by means of their employment who are affiliated with regular or associate members of ITWA.

Name \_\_\_\_\_

Company Name \_\_\_\_\_ Company

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_

### ***Supporting Member ( ) \$100.00 per year***

Supporting Membership is open to any driver, dispatcher and/or support persons in the towing/recovery/storage industry who are employed by a company that is not a member of ITWA but employee wishes to become a member of ITWA. **Must not be an owner of a towing company. Member benefits only apply to the individual supporting member. Subject to verification.**

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 \_\_\_\_\_  
Zip: \_\_\_\_\_ Type of card \_\_\_\_\_

**Bronze Membership: \$1000 per year**

Company Name \_\_\_\_\_  
Company Federal ID Number: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_  
Name of Owner \_\_\_\_\_  
Years in business \_\_\_\_\_ # of employees \_\_\_\_\_ # of wreckers \_\_\_\_\_

**Silver Membership: \$1500 per year**

Company Name \_\_\_\_\_  
Company Federal ID Number: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_  
Name of Owner \_\_\_\_\_  
Years in business \_\_\_\_\_ # of employees \_\_\_\_\_ # of wreckers \_\_\_\_\_

**Gold Membership: \$2500 per year**

Company Name \_\_\_\_\_  
Company Federal ID Number: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_  
Name of Owner \_\_\_\_\_  
Years in business \_\_\_\_\_ # of employees \_\_\_\_\_ # of wreckers \_\_\_\_\_

Please call ITWA at 765-288-6041 with any questions Make checks payable to ITWA. Return application to:  
3203 North 375 East, Anderson IN 46012