

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