



2025 Membership Application

Please fill out and mail to:
Pennsylvania Towing Association
P.O. Box 61488
Harrisburg, PA 17106

Questions?
(814) 548-6023
info@patowing.com
www.patowing.com



Membership Classes (select one)

Annual Dues

<input type="checkbox"/>	REGULAR	A business engaged in towing in Pennsylvania.	\$440
<input type="checkbox"/>	AFFILIATE	Employee of a regular member or a towing company from outside of Pennsylvania.	\$90
<input type="checkbox"/>	ASSOCIATE	Company associated with the towing industry that is not a Pennsylvania towing company.	\$600

Please include a check made payable to "Pennsylvania Towing Association" for the proper amount.
Please print and fill out all the applicable information in order to be enrolled.

YOUR INFORMATION:

Owners Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ County: _____ Zip: _____

Business Phone: _____ General Email: _____

Cell Phone: _____ Accounts Payable Email: _____

Website Address: _____

☐ Yes, I'd like to receive e-mails from the Pennsylvania Towing Association about upcoming events and other information.

PTA MEMBERSHIP PLEDGE:

I pledge my personal efforts and those of my business:

- To foster and promote the interest and welfare of my fellow registered towing/storage/recovery operators.
- To support and create fair competition in all business dealings.
- To foster and support the enactment of wise and uniform legislation as the same may affect the interest of this industry.
- To seek to eliminate unfair, unethical, and destructive business practices within the industry.
- To conduct business in a professional manner that will reflect favorably upon the image of the industry.

Signature: _____ Date: _____