



P.O. BOX 61488
HARRISBURG, PA 17106
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2027 Membership Application

Membership Class (select one)		Annual Dues
☐ REGULAR	A business engaged in towing in Pennsylvania	\$440.00
☐ AFFILIATE	Employee of a regular member or a towing company not domiciled in Pennsylvania	\$ 90.00
☐ ASSOCIATE	Company associated with the towing industry that is not a Pennsylvania towing company	\$600.00

I am contributing \$40 ☐ \$60 ☐ \$75 ☐ \$100 ☐ Other ☐
for the PTA lobbyist costs.

Please include a check made payable to "Pennsylvania Towing Association" for the type of membership you have selected. Complete the information below.

Company Name: _____

Owner/Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____ Website: _____

☐ Yes, I would like to receive emails from the PTA 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 member 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: _____