



## MEMBERSHIP APPLICATION

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Number of Employees \_\_\_\_\_ Number of Trucks by Class \_\_\_\_ Light \_\_\_\_ Medium \_\_\_\_ Heavy

Representative \_\_\_\_\_ Title \_\_\_\_\_

Owners and/or Corporation Officers

Position/Title

1. \_\_\_\_\_

2. \_\_\_\_\_

Annual Membership Dues / Membership Class (Select one)

1 Tow Truck	_____ \$295.00
2 to 5 Tow Trucks	_____ \$495.00
6 to 15 Tow Trucks	_____ \$995.00
16 + Tow Trucks	_____ \$1,495.00

Associate Member Dues:

Bronze	_____ \$350
Silver	_____ \$595
Gold	_____ \$745

I understand that this application is subject to approval by the Board of Directors of the association; and, if not accepted, my payment will be refunded in full. Until such time, I shall be designated as a member-applicant. If elected to membership, I pledge to conform to the articles, by-laws and code of conduct of the Nevada State Tow Association.

Signature: \_\_\_\_\_

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### Membership Dues Payment

Method of Payment:  Check Enclosed  Credit Card (Visa/MC Only)

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ SIC (3 digit code on back) \_\_\_\_\_

Name as Printed on Card \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address for Card \_\_\_\_\_

Please return application to:

**Nevada State Tow Association**

550 N McCarran Blvd #303, Sparks, NV 89431-5278

Phone: (512)484-7928 | E-mail: [execdirector@nvtowassoc.com](mailto:execdirector@nvtowassoc.com)