



Towing & Recovery Professionals of Connecticut, Inc Membership Application

Date: _____

Company Name: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Business Phone: _____ Fax: _____

Owner: _____

Manager: _____

New Member Fee: \$400.00 Renewal Fee: \$400.00

Entitles you to up to three plates and one wall plaque.

Vendor Member Fee: \$400.00

Additional Plates: (no charge) _____

Membership paid by: _____ Cash _____ Check # _____

Authorized Signature: _____

Please Print Name: _____

Please fill out the reverse side of this form so that we can include your equipment and services in our membership directory, website, and membership updates. Thank you.

Please respond to:

Towing & Recovery Professionals of Connecticut
c/o Cross Country Automotive, 585 Windsor Street, Hartford, CT 06120
(860) 817-0371 phone / (860) 249-3770 fax / ct.trpc@yahoo.com

(Official Use Only)

_____ Plaque _____ Plates _____ Sticker _____ Memb. Dir. _____ Manual



Internet Services Directory

(Please print or type all information, and check carefully)

Business Name: _____

Street Address: _____

Town: _____ County: _____

Business Phone: _____ Emergency Phone: _____

Fax: _____

TOWING **24-HOUR TOWING**

- | | | | | |
|---|-------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Light-duty Towing | <input type="checkbox"/> Wheel Lift | <input type="checkbox"/> 4 x 4 | | |
| <input type="checkbox"/> Medium-duty Towing | <input type="checkbox"/> Wheel Lift | <input type="checkbox"/> 4 x 4 | | |
| <input type="checkbox"/> Heavy-duty Towing | <input type="checkbox"/> Wheel Lift | <input type="checkbox"/> 4 x 4 | | |
| <input type="checkbox"/> Flatbed | <input type="checkbox"/> Light-duty | <input type="checkbox"/> Medium-duty | <input type="checkbox"/> Heavy-duty | <input type="checkbox"/> Wheel Lift |
| | <input type="checkbox"/> Airbags | | <input type="checkbox"/> Crane | |
| <input type="checkbox"/> Tractor | <input type="checkbox"/> Trailer | <input type="checkbox"/> Box | <input type="checkbox"/> Lowboy | |

FULL SERVICE STATION

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Gas | <input type="checkbox"/> Diesel | <input type="checkbox"/> Road Service |
| <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Truck Repair | <input type="checkbox"/> Auto Body |
| <input type="checkbox"/> Rental Cars | <input type="checkbox"/> Rental Trucks | <input type="checkbox"/> Glass Replacement |

POLICE TOWS

- Local Police State Police

MOTOR CLUBS

- | | | | |
|-----------------------------------|----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> AAA | <input type="checkbox"/> ERS | <input type="checkbox"/> G.E. Fin. Assur. | <input type="checkbox"/> GEICO |
| <input type="checkbox"/> Allstate | <input type="checkbox"/> USAC-MD | <input type="checkbox"/> CCMC | <input type="checkbox"/> Road America |

OTHER EQUIPMENT: _____

HOURS: Mon. – Fri. _____ Sat. _____ Sun. _____



Dear Fellow Member:

The **TOWING & RECOVERY PROFESSIONALS OF CONNECTICUT** is online with our own website. Part of this site will contain the information you supply on the other side of this form. This information will be listed free for all those members in good-standing (dues must be paid in full).

The TRPC site will also allow you to link your current web site, or have a site built and linked at a later date. Please go over the other side of this form carefully, and supply all important information. Please return this sheet to:

Towing & Recovery Professionals of Connecticut
c/o Cross Country Automotive, 585 Windsor Street, Hartford, CT 06120
(860) 817-0371 phone / (860) 249-3770 fax / ct.trpc@yahoo.com

Thank You!

The information you supply will be used on the Association's web site. This initial service is free to all dues paying members. Please fill out carefully.

Date: _____

Company Name: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

_____ Business Phone: _____ Fax: _____

Owner: _____

Current Website Address: _____

E-mail Address: _____

Manager: _____

Authorized Signature: _____

Please Print Name: _____

Business Name: _____

Town: _____

Please check the appropriate boxes to let TRPC know what equipment and services you currently have available so that we can include this information in our directory and on our website. The directory and online listing are free to members.

Please check ALL that apply:

___ TOWING ___ 24-HOUR TOWING

- | | | | |
|------------------------|----------------|-----------------|---|
| ___ Light-duty Towing | ___ Wheel Lift | ___ 4 x 4 | |
| ___ Medium-duty Towing | ___ Wheel Lift | ___ 4 x 4 | |
| ___ Heavy-duty Towing | ___ Wheel Lift | ___ 4 x 4 | |
| ___ Flatbed | ___ Light-duty | ___ Medium-duty | ___ Heavy-duty <input type="checkbox"/> |
| | ___ Wheel Lift | ___ Airbags | ___ Crane |
| ___ Tractor | ___ Trailer | ___ Box | ___ Lowboy |

FULL SERVICE STATION ___ Yes ___ No

- | | | |
|-----------------|-------------------|-----------------------|
| ___ Gas | ___ Diesel | ___ Road Service |
| ___ Auto Repair | ___ Truck Repair | ___ Auto Body |
| ___ Rental Cars | ___ Rental Trucks | ___ Glass Replacement |

POLICE TOWS

- | | |
|------------------|------------------|
| ___ Local Police | ___ State Police |
|------------------|------------------|

MOTOR CLUBS

- | | | | |
|--------------|-------------|----------------------|------------------|
| ___ AAA | ___ ERS | ___ G.E. Fin. Assur. | ___ GEICO |
| ___ Allstate | ___ USAC-MD | ___ CCMC | ___ Road America |

Others: _____

Other Equipment: _____
