MEMBERSHIP APPLICATION 2027

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. _____

On Time Membership Dues: $600 **Late Renewals and New Members - Dues: $700**

☐ 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 other acts of the Towing & Recovery Professionals of Connecticut.

Signature: _____

MEMBERSHIP DUES PAYMENT

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

Credit Card # _____Exp. Date: _____ CVV (3-digit code on back): _____

Name as Printed on Card: _____Signature: _____

Billing Address for Card: _____

☐ **I certify that I have read, understand, and agree to comply with the Bylaws of the Towing and Recovery Professionals of Connecticut (TRPC) as currently adopted and as may be amended. I acknowledge that membership in TRPC is conditioned upon compliance with these Bylaws and that violations may result in disciplinary action up to and including termination of membership. TRPC Bylaws:** https://www.trpconline.com/resources.html

Please return application to:

TOWING & RECOVERY PROFESSIONALS OF CONNECTICUT

PO Box 181 Montville, CT 06353

Phone: (203) 805-9600 | E-mail: director@trpconline.com