



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 Regular Membership Dues / Vendor Member Dues: \$400

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 _____ SIC (3 digit code on back) _____

Name as Printed on Card _____ Signature _____

Billing Address for Card _____

Please return application to:
Towing & Recovery Professionals of Connecticut
PO Box 476* Unionville, CT 06085
Phone: (860) 817-0371 | E-mail: director@trpconline.com