



PO Box 25174
Seattle, WA 98165
Phone (206) 492-5032
Fax (206) 364-3111

2019 NON - RTTO MEMBERSHIP APPLICATION

The Towing and Recovery Association of Washington (**TRAW**) was organized in 2005 by towing, recovery and storage business owners to represent the interests of the tow truck industry. **TRAW** stands as the authority on the tow truck industry and represents those interests in governmental and legal affairs. **TRAW** promotes a profitable operating climate for tow operators by working with State Patrol, Department of Transportation, Department of Licensing, the Legislature, and organizations directly or indirectly related to the tow business. Please join us and together we will:

1. Represent the legal and business interests of the towing, recovery and storage industry in the legislative and regulatory arena at the federal, state and local level
2. Create partnerships that provide business-related services to support and assist owners or create partnerships
3. Promote professionalism and ethics in the towing industry
4. Provide education to both owners and employees
5. Communicate within and outside the industry by providing information and networking opportunities

Company Name: _____ Date _____

DBA (list all if more than one): _____

Owners Name: _____ UBI #: _____

Contact Name: _____ Title: _____

Location Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone # _____ - _____ Fax # _____ - _____ Cell # _____ - _____

Correspondence Email: _____

Personal Email: _____

ALL CORRESPONDENCE WILL BE SENT ELECTRONICALLY UNLESS OTHERWISE INDICATED: Please indicate that you do not have email in email box and that you only receive postal mail.

please make sure we have the correct **email** and **mailing** address for each company.

Dues Structure (please circle one)

- 1 Truck-----\$ 100 5 or more Trucks-----\$ 500
- 2 Trucks-----\$ 200
- 3 Trucks-----\$ 300
- 4 Trucks-----\$ 400

Truck Type and Number of Each: A _____ B _____ C _____ D _____ E _____ S _____ (Required please)

I'd like to pay by: Credit Card Visa MC AM EX Card Check (enclosed)

I paid online: _____

Number: _____ - _____ - _____ V#: _____

Signature on card: _____ Expiration Date: ____ / _____

Printed name on card: _____ Billing zip code: _____

Quarterly (Due by 1/1, 4/1, 7/1, 10/1) Semi-annually (Due by 1/1 and 7/1) Annually (Due by 1/1)

Please Note if Joining after July ½ year to be paid in full, as full benefits are available. Membership is Jan. – Dec.