Provincial Towing Association (Ontario) Inc.
"The Association for Towing Professionals"
65 Keith Road, Bracebridge, Ontario P1L 0A1
Phone 705 646-0536 or 866 582-0855 Fax 705 645-0017

MEMBERSHIP APPLICATION

Membership in Provincial Towing Association (Ontario) Inc. is open to all qualified towing companies engaged in the business of the transportation and recovery of motor vehicles within the Province of Ontario. Current membership dues are $350.00 per year.

To become a member, complete and sign this form and return it to the PTAO office along *with your cheque or credit card info for your dues for the year.* Please make cheques payable to Provincial Towing Association (Ontario) Inc.

Company Name: _____

Owner/Officer - Full Name: _____

Street Address: _____

Mailing Address (if different):_____

City/Town: _____ **Province:** _____

Postal Code _____**County or District:** _____

Business Phone: (_____) _____ **Fax:** (_____) _____

E-mail address: _____ **Web Site:** _____

Company Representative at Meetings: _____

Alternate Representative: _____

I, the undersigned, do hereby agree to abide by the constitution and bylaws of the Provincial Towing Association (Ontario) Inc. I understand and agree that this membership can be terminated with or without notification to me for any violation of the bylaws or mission statement upon a majority vote of the Board of Directors. All decals and patches bearing the Association logo or insignia and the rights to reproduce the logo are the proprietary property of Provincial Towing Association (Ontario) Inc. Payments for decals or patches are a lease for the term of membership. Termination of membership terminates the right to use or possess any such PTAO sign, name or insignia in any form. The Association decal is a Service Mark Logo of Provincial Towing Association (Ontario) Inc., duly registered in the Province of Ontario.

Applicant's Signature: _____ Date: ____/____/____
DD MM YY

Sponsor if applicable: _____

Cheque enclosed [ ] Yes [ ] No……..or…….

Credit Card #_____Expiry _____Visa [ ] MC [ ]

Name on Card _____

Office use only

Date of Application _____ Date Approved _____ Date Paid _____

Member Number _____ Affiliation _____ Zone _____