



P O Box 281
Cashmere, WA 98815
Phone (509) 782-7170
Fax (509) 782-7108

2 0 1 1 A S S O C I A T E M E M B E R S H I P A P P L I C A T I O N

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 towing industry. **TRAW** stands as the authority on the towing industry and represents its 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 towing 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. Provide business-related services to support and assist owners or create partnerships
3. Promote professionalism and ethics in the towing industry
4. Promote and provide education to both owners and employees
5. Communicate within and outside the industry by providing information and networking opportunities

The bylaws as adopted by the TRAW board provide for a class of membership known as Associate members. This class shall include those firms and individuals who supply, do business with, or contract with the towing industry. Associate members have the right to attend meetings, use the logo, receive mailings, and serve as advisors to committees. Associate members are non-voting members. **Will you join us?**

Company Name: _____ Date: _____

Contact Name: _____ Title: _____

If you wish to add additional employee names or emails to the TRAW membership list please attach your letterhead with the information. Thanks.

Mailing Address: _____

County: _____ City: _____ State: ____ Zip: _____

UBI# : _____ State Patrol District #: _____ (if applicable)

Phone: _____ Fax: _____ Cell: _____

Email: _____ Website: _____

HOW WOULD YOU LIKE TO RECEIVE THE CORRESPONDENCE: EMAIL MAIL OR FAX

Associate Dues = \$383 per company

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

Number: _____ - _____ - _____ V#: _____

Signature on card: _____ Expiration Date: ____ / _____

Printed name on card: _____ Billing zip code: _____