



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

**2 0 1 2 O U T - O F - S T 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 for those who are towing operators outside the State of Washington. These members shall have the right to attend meetings, receive mailings, use the logo, and serve as advisors to committees. These 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

**Out of State Dues = \$168 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:** \_\_\_\_\_