

TOWING & RECOVERY ASSOCIATION OF WASHINGTON

203 Mission Avenue, Suite 107 ~ Cashmere, WA 98815
Phone (509) 782-7170 ~ Fax (509) 782-1203

2 0 0 8 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 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): _____

[Note: please let the TRAW office know which addresses to use for mailing and whether school mailings and the newsletter, etc. should go to only one or all of the tow companies.]

Contact Name: _____ Title: _____ UBI#: _____

Mailing Address: _____

City: _____ State: ____ Zip: _____ Email: _____

Phone: _____ Fax: _____ Cell: _____ State Patrol District #: ____

Dues Structure (please circle one): Based on WSP rate for a one hour tow for Class A truck.

1 Truck-----\$ 154	5 Trucks-----\$ 770	9 Trucks-----\$ 1,386
2 Trucks-----\$ 308	6 Trucks-----\$ 924	10 Trucks +-----\$ 1,540
3 Trucks-----\$ 462	7 Trucks-----\$ 1,078	
4 Trucks-----\$ 616	8 Trucks-----\$ 1,232	

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

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

Number: _ _ - _ - - - - - **V#** _ _ _

Signature on card: _____ **Expiration Date:** __/__/__

Printed name on card: _____ **Billing zip code:** _____

- Monthly *(Due by first of each month)*
- 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)*