

**AUSTIN TOWING ASSOCIATION
APPLICATION FOR MEMBERSHIP**

Business Name: _____

Your Name: _____ Title _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Mobile Phone: (_____) _____ Email: _____

Motor Carrier Certificate # _____

Texas Vehicle Storage Facility License # _____

Business Info:

*Check All That Apply: Collision Rotation Private Property Impound

Roadside Service Consent Towing Incident Management

Garage/Body Shop Other

Truck Classifications: Light Duty Medium Duty Heavy Duty

_____ Regular Member _____ Allied Member

If, Allied Member, Product or Service: _____

Member Dues: \$420.00 per year and may be paid yearly or quarterly, but not less than monthly. Dues are payable in advance.

Allied Dues: \$500.00 per year. Dues are payable in advance.

**I have read and agree to abide by the Constitution and By Laws of the
Austin Towing Association.**

Signature: _____ Date: _____