

# Canadian Towing Association

345 Ecclestone Drive, Suite 1057, Bracebridge, ON P1L 1R1  
Phone 705 640-0229 / Fax 705 645-0017  
Mailing Address: PO Box 2398, Bracebridge, ON P1L 1W2



## Terms of Membership

The Canadian Towing Association is interested in extending membership to all professional Canadian tow companies. The purpose of the Association is to bring the industry together to educate our members on effective business management, driver training, advocate for consistency in the services we provide and advance the industry into a much more respected and acceptable trade.

Each province has many unique working conditions and many great successes we can share while dealing with other situations that inhibit growth and advancement such as abandoned vehicles, move over laws and standardized emergency warning lights, etc. We have a lot to learn and a lot to share.

Qualifications to join include the following criteria:

1. Two years' experience owning and operating a tow truck company
2. Minimum one million dollars of liability insurance (two million preferred)
3. Desire to advance your knowledge of the towing industry

Upon application and acceptance of your membership you agree to the following terms and conditions:

1. You promise to conduct all business transactions in a businesslike manner consistent to the standards set by the board and adjusted from time to time.
2. All Canadian Towing Association Inc. trademarks are the sole property of Canadian Towing Association Inc. and as a member you are permitted to display such trademark on your trucks, premises, letterhead and other such advertising.
3. All decals and/or certificates provided by the Association are for display on your trucks or business premises and for your use only and such decals and trademarks shall be removed from such trucks, stationary and premises upon termination of membership.
4. Violation of this agreement is subject to disciplinary actions or termination of membership as decided by the Board of Directors.

Name of Company \_\_\_\_\_ City/Town \_\_\_\_\_

Province \_\_\_\_\_ Phone \_\_\_\_\_

Full Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_