

Canadian Towing Association Inc.

345 Ecclestone Drive, Bracebridge, Ontario P1L 1R1 Phone 705 640-0049 / Fax 705 645-0017

Vendor Application Form

Company Name _____

Address _____ City/Town _____

Province/State _____ Postal/Zip Code _____

Phone _____ Fax _____ Email _____

Contact Name _____ Email _____

Alternate Contact _____ Email _____

Products or services provided: _____

Annual Associate Membership: \$1,500.00

Terms: I understand this application is subject to approval by the Board of Directors and if not accepted my payment will be refunded in full. Until such time I shall be designated as a pending member. If elected as a member I pledge to conform to the articles, bylaws and policies as provided to me by the Association. I further acknowledge I have read and agree with the CTA terms of membership.

Signature _____ Date _____

For Office use

Cheque enclosed [] Credit Card [] Visa [] MasterCard

Card # _____ Expiry Date _____

Name on Card _____ Signature _____

Mailing address for receipt _____

Date payment received _____ Date Processed _____

Processed by _____ Approved Date _____