

Canadian Towing Association

PO Box 2398, Bracebridge, Ontario
P1L 1W2
705 640-0229



email doug@ctagroup.ca

Membership Application Form

Company Name _____
Address _____ City/Town _____
Province _____ Postal Code _____
Phone _____ Fax _____ Email _____
Owner Name _____

If Incorporated Owner/Corporate Officers Names

1, _____ Position _____ % of ownership _____
2, _____ Position _____ % of ownership _____
3, _____ Position _____ % of ownership _____

Membership Dues (Select as Applies) **Quantity**

1 – Tow Truck = \$295.00 annually Quantity: Light [___] Medium [___] Heavy [___]

2 – 5 Tow Trucks = \$495.00 annually Quantity: Light [___] Medium [___] Heavy [___]

6 – 15 Tow Trucks = \$995.00 annually Quantity: Light [___] Medium [___] Heavy [___]

16 Plus – Tow Trucks = \$1,495.00 annually Quantity: Light [___] Medium [___] Heavy [___]

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 accepted 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 Canadian Towing Association terms of membership.

Signature _____ Date _____

Cheque enclosed or Credit Card [] Visa [] MasterCard

Card # _____ Expiry Date _____

Name on Card _____

Signature _____

Please scan and return to judy@ctagroup.ca

The Association of Towing Professionals