



ADOPT A MEMBER APPLICATION

Adopted Company Name: _____

Contact Name: _____ Title: _____

Mailing Address: _____

Street Address: _____

City: _____ State: ____ Zip Code: _____

Phone: _____ Fax: _____

E-Mail: _____

Website: _____ No. of Power Units: _____

SPONSORING MEMBER

We agree to sponsor the company listed above for one year of membership in the Wisconsin Towing Association for a total fee of \$75 for a towing company, or \$150 for a non-towing company.

Name: _____

Company _____

Payment Options: Check Enclosed Bill Me Charge my credit card (MC/VISA)

Credit card information:

Card # _____ Exp Date: _____ (MM/YYYY)

Please return this form by US mail, fax, or email to:

Wisconsin Towing Association
PO Box 44849
Madison, WI 53744-4849
Fax: (608) 833-2875
Email: djohnson@witruck.org