

PTRAA Tow Driver Membership Application

Please read the following pertinent information:

Becoming a Member: By becoming a member, you agree to abide by the Bylaws & Code of Ethics of the Professional Towing & Recovery Association of Arkansas (PTRAA) Membership is annual, effective on the date your application and payment are received.

Your Contact Information: Please let us know how you would and would not like to be contacted. Unless otherwise noted on this application form, your contact information is shared with other PTRAA members through our website and/or electronic directory/Newsletter. If needed, please contact the PTRAA office at **(501) 812-0805** or email to: **professionaltow@outlook.com** if there is any information you do not wish to share. By joining the PTRAA you automatically “opt-in” to our electronic communications such as the e-Newsletter, Training Updates, News Bulletins, and various other notifications. At any time, you may opt-out through the “unsubscribe” link at the bottom of these e-mails.

Communications & Third-Party Links: At PTRAA discretion, we may occasionally include or offer third party products or services on our website and in our communications. These third-party sites have separate and independent privacy policies. Therefore, we have no responsibility or liability for the content and activities of these linked sites. Nonetheless, we seek to protect the integrity of our site and welcome any feedback about these sites.

Member Dues

Tow Driver Membership Dues \$50.00 per year

**Professional
Tow
Recovery
Association of
Arkansas**

**Tow Driver Application for
Membership**

Member dues \$50.00 yearly

The PTRAA bylaws state: Any person, firm, or corporation engaged in towing and/or recovery operations in the State of Arkansas shall be eligible to become a member of the Association providing that such person, firm, or

corporation is of good repute, financially responsible, and willing and able to promote the objects of this Association as set forth by these Bylaws.

COMPANY NAME: _____

CONTACT NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

(To receive monthly meeting times and locations, *The PTRAA* newsletter and important notices.)

WEBSITE ADDRESS: _____

I, the undersigned, do hereby agree to abide by the bylaws of the PTRAA.

Applicant's Signature: _____

Please mail this application, payment and a business card to:

PTRAA
PO Box 17233
North Little Rock AR 72116