



Provincial Towing Association (Ontario) Inc.  
 “The Association for Towing Professionals”  
 65 Keith Road, Bracebridge, Ontario P1L 0A1  
 Phone 705 646-0536 or 866 582-0855 Fax 705 645-0017

**MEMBERSHIP APPLICATION**

**Membership in Provincial Towing Association (Ontario) Inc.** is open to all qualified towing companies engaged in the business of the transportation and recovery of motor vehicles within the Province of Ontario. Current membership dues are \$350.00 per year.

To become a member, complete and sign this form and return it to the PTAO office along *with your cheque or credit card info for your dues for the year*. Please make cheques payable to Provincial Towing Association (Ontario) Inc.

**Company Name:** \_\_\_\_\_

**Owner/Officer - Full Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **Province:** \_\_\_\_\_

**Postal Code** \_\_\_\_\_ **County or District:** \_\_\_\_\_

**Business Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Web Site:** \_\_\_\_\_

**Company Representative at Meetings:** \_\_\_\_\_

**Alternate Representative:** \_\_\_\_\_

I, the undersigned, do hereby agree to abide by the constitution and bylaws of the Provincial Towing Association (Ontario) Inc. I understand and agree that this membership can be terminated with or without notification to me for any violation of the bylaws or mission statement upon a majority vote of the Board of Directors. All decals and patches bearing the Association logo or insignia and the rights to reproduce the logo are the proprietary property of Provincial Towing Association (Ontario) Inc. Payments for decals or patches are a lease for the term of membership. Termination of membership terminates the right to use or possess any such PTAO sign, name or insignia in any form. The Association decal is a Service Mark Logo of Provincial Towing Association (Ontario) Inc., duly registered in the Province of Ontario.

**Applicant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YY

**Sponsor if applicable:** \_\_\_\_\_

Cheque enclosed [  ] Yes [  ] No.....or.....

Credit Card # \_\_\_\_\_ Expiry \_\_\_\_\_ Visa [  ] MC [  ]

Name on Card \_\_\_\_\_

Office use only		
Date of Application _____	Date Approved _____	Date Paid _____
Member Number _____	Affiliation _____	Zone _____