PROFESSIONAL TOWING ASSOCIATION OF ONTARIO
ENGAGE EVOLVE ELEVATE

46 Indian Rd S, Sarnia ON, N7T 8H9

PREFERRED VENDOR MEMBERSHIP APPLICATION

To become a preferred vendor or renew your membership, please 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.

Membership Dues:

Effective October 1, 2025: $700 + HST per PTAO business year

Renewal Date: October 1st annually (regardless of join date)

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: _____

I, the undersigned, do hereby agree to abide by the constitution and bylaws of the Professional 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 Professional 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 Professional Towing Association (Ontario) Inc., duly registered in the Province of Ontario.

Applicant's Signature: _____ Date: _____

Please make cheques payable to: Provincial Towing Association (Ontario) Inc. to the address at the top of this application (Header)

☐Cheque ☐E-Transfer (accounting@ptao.org) ☐MC ☐VISA ☐AMEX

Credit Card # _____ ***Exp.*** _____

Name on Card: _____ ***CVV*** _____

2% Credit Card Merchant Charge back Fee added to all credit card purchases.

Office Use Only

Date of Application: _____ Date Approved: _____ Date Paid: _____