



# Application for Membership

Minnesota Professional Towing Association

2886 Middle Street, Little Canada, MN 55117

www.mnprotow.org 651-487-2231 800-627-6782

Association person who has contacted me: \_\_\_\_\_

Company name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Company phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner/Contact person: \_\_\_\_\_

Email address: \_\_\_\_\_

Website: http://\_\_\_\_\_ Website #2: http://\_\_\_\_\_

What year did you start your business? \_\_\_\_\_

How many years have you been in business? \_\_\_\_\_

Number of employees: \_\_\_\_\_ Number of trucks: \_\_\_\_\_

Would you consider being on the board of directors? YES \_\_\_\_\_ NO \_\_\_\_\_ DOT# \_\_\_\_\_

Would you be interested in serving on any of the MPTA committees? YES \_\_\_\_\_ NO \_\_\_\_\_ MC # \_\_\_\_\_

If "YES", which ones?

- MPTA  Tow  School  Marketing  Education  Legislative  Membership  Special Events
- Other \_\_\_\_\_

Expectations of Association: \_\_\_\_\_

## Company Information:

Do you have any other remote or additional company locations? YES \_\_\_\_\_ NO \_\_\_\_\_ Number of locations: \_\_\_\_\_

Please provide location names and addresses:

Location 1: Name: \_\_\_\_\_ Address: \_\_\_\_\_

Location 2: Name: \_\_\_\_\_ Address: \_\_\_\_\_

Please list primary business entity:

- Corporation  Sole Proprietorship  Partnership  LLC  Other: \_\_\_\_\_

Corporate name: \_\_\_\_\_ DBA: \_\_\_\_\_

## Equipment/Trucks?

Heavy Duty: # \_\_\_\_\_

Air bags: # \_\_\_\_\_

Medium Duty: # \_\_\_\_\_

Bobcats: # \_\_\_\_\_

Light Duty: # \_\_\_\_\_

Ice Water Recovery: \_\_\_\_\_

Flatbeds: # \_\_\_\_\_

Repossession: # \_\_\_\_\_

Trailers: # \_\_\_\_\_

Service Trucks: # \_\_\_\_\_

Landolls: # \_\_\_\_\_

Other (list below): # \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Affiliation: Do you tow for any of these?

- State Patrol  GE  Auto Knight
- City Police  Geico  Hertz
- County Sheriff  Coach-Net  Quest
- AAA  Asurion  Net Cost
- CCAS  National AC  Onsite Fleet
- Road America  ATA  Signature
- USAC  All State  AM Travelers
- Other: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

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## Do you offer any of these services?

- |                                         |                                          |
|-----------------------------------------|------------------------------------------|
| <input type="checkbox"/> Jump Starting  | <input type="checkbox"/> Auto Repair     |
| <input type="checkbox"/> Lock outs      | Bays: # _____                            |
| <input type="checkbox"/> Winch Service  | <input type="checkbox"/> Alignments      |
| <input type="checkbox"/> Tire Changes   | <input type="checkbox"/> Parts Sales     |
| <input type="checkbox"/> Tire Repair    | <input type="checkbox"/> Battery Service |
| <input type="checkbox"/> Fuel Delivery  | <input type="checkbox"/> Private Shop    |
| <input type="checkbox"/> Motorcycle Tow | <input type="checkbox"/> Repossession    |
| <input type="checkbox"/> Body Shop      | <input type="checkbox"/> Oil/Lube        |
| <input type="checkbox"/> Fuel Sales     | <input type="checkbox"/> Junk Car Tow    |

Are your drivers certified?  YES  NO  
If "YES", please list certifications and levels:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your company have any other member-  
ships or affiliation?  YES  NO

If "YES", please list: \_\_\_\_\_  
\_\_\_\_\_

## Who is your supplier?

Tires: \_\_\_\_\_ Parts: \_\_\_\_\_  
Checks: \_\_\_\_\_ ATM: \_\_\_\_\_  
Uniforms: \_\_\_\_\_ Credit Process: \_\_\_\_\_  
Payphone: \_\_\_\_\_ Batteries: \_\_\_\_\_

Health insurance:  
Company: \_\_\_\_\_  
Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Business insurance:  
Work comp.: \_\_\_\_\_  
Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Liability: \_\_\_\_\_  
Coverage: \_\_\_\_\_  
Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Has your company received any awards or certificates:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Membership:

<b>One location</b>	<b>\$250.00</b>
<b>Second location add</b>	<b><u>\$ 50.00</u></b>
	<b>\$300.00</b>

**Associate/Affiliate Membership \$100.00**

(Associate member are companies who are not considered as towing companies & Affiliate member is out of state)

Credit Card Payment: (We only accept Visa, Mastercard, and Discover)

Name on Card: \_\_\_\_\_  
Credit Card #: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
3 digit sec code: \_\_\_\_\_

I swear to the best of my knowledge, the above information entered is correct, current and complete. Any false, misleading, or illegal information may be subject to the dismissal of my membership. I agree to abide by the MPTA by-laws at all time and understand that this application is subject to review by the MPTA board before acceptance into the MPTA. I agree to a yearly review of my membership by the board of directors.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

### MPTA contact information:

2886 Middle Street  
Little Canada, MN 55117  
Phone: 651-487-2231  
      800-627-6782  
Fax: 651-487-2447

If you would like to make a one time contribution to help with the legislative efforts, please send your donation to:

MPTA  
2886 Middle Street  
Little Canada, MN 55117