



2886 Middle Street, Little Canada, MN 55117  
 www.mnprotow.org 651-487-2231

## Application for Membership

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?

<input type="checkbox"/> State Patrol	<input type="checkbox"/> GE	<input type="checkbox"/> Auto Knight
<input type="checkbox"/> City Police	<input type="checkbox"/> Geico	<input type="checkbox"/> Hertz
<input type="checkbox"/> County Sheriff	<input type="checkbox"/> Coach-Net	<input type="checkbox"/> Quest
<input type="checkbox"/> AAA	<input type="checkbox"/> Asurion	<input type="checkbox"/> Net Cost
<input type="checkbox"/> CCAS	<input type="checkbox"/> National AC	<input type="checkbox"/> Onsite Fleet
<input type="checkbox"/> Road America	<input type="checkbox"/> ATA	<input type="checkbox"/> Signature
<input type="checkbox"/> USAC	<input type="checkbox"/> All State	<input type="checkbox"/> AM Travelers
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		

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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:

**One location                    \$275.00**  
**Second location add        \$ 55.00**  
**\$330.00**

## **Associate/Affiliate Membership    \$125.00**

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

Credit Card Payment: (We accept Visa, Mastercard, Amex and Discover)			
Name on Card: _____	_____	_____	_____
Billing Address: _____	City _____	State _____	Zip _____
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