



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"/> | | |

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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 | \$325.00 |
| Second location add | \$ 75.00 |
| | <u>\$330.00</u> |

| | |
|-----------------------------|-----------------|
| Associate Membership | \$250.00 |
| Affiliate Membership | \$150.00 |

(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: _____ | City _____ | State _____ | Zip _____ |
| Billing Address: _____ | Expiration date: _____ | | |
| Credit Card #: _____ | 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

Minnesota Professional Towing Association