



APPLICATION FOR MEMBERSHIP

Company Name: _____ Phone: (____) ____ - ____
Address: _____ City: _____
County: _____ State: ____ Zip _____ - ____ Fax: (____) ____ - ____

Owner(s): _____ Phone: (____) ____ - ____
Address: _____ City: _____
County: _____ State: _____ Zip _____ - ____

Partner(s) _____ Phone: (____) ____ - ____
Address: _____ City: _____
County: _____ State: _____ Zip _____ - ____

Years in business: ____ # of wreckers ____ Rollbacks ____ Hours of Operation: ____
Type of work: Cars ____ Trucks ____ Road Service ____ Repair ____
Body Shop ____ Tires ____ Garage ____ Service Station ____ Other ____
Other: (explain) _____

Storage Facilities: # of lots: ____ # of buildings: ____
Scope of Business: Private ____ Commercial ____ Law Enforcement ____ Motor
Club ____ Other(explain) _____

____ Check if applicant **DOES NOT** want his or her company name displayed on the
association's web site free of charge.

Applicant referred by _____
Attached \$150.00 dues for 12 months membership
Date: _____ Signature _____
Date Approved _____

Make checks payable to: Towing and Recovery Association of Kentucky

Mail to: Towing and Recovery Association of Kentucky
P.O. Box 1217
Bardstown, KY 40004