



APPLICATION FOR MEMBERSHIP

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Representative: _____ Contact Email: _____

Company Phone # _____ Representative Mobile # _____
(Include Area Code) (Include Area Code)

Location: _____
(Street Address) (City)

Storage Location(s): _____

Equipment Fleet	Check	Equipment Fleet	Check
(LD) Class A	<input type="checkbox"/>	(FB) Flatbed	<input type="checkbox"/>
(MD) Class B	<input type="checkbox"/>	(LB) Lowboy	<input type="checkbox"/>
(HD) Class C	<input type="checkbox"/>	(AB) Air Bags	<input type="checkbox"/>
(UHD) Class D	<input type="checkbox"/>	(MR) Mechanical Repair	<input type="checkbox"/>
(ST) Specialized Transport	<input type="checkbox"/>	(MT) Motorcycle Transport	<input type="checkbox"/>
(IM) Incident Management	<input type="checkbox"/>		

CORPORATE PARTNER (Affiliate Business)

Platinum Level - \$1000 annually

Gold Level - \$500 annually

Silver Level - \$250 annually

TOWING COMPANY MEMBERSHIP

Consent Tower: \$250 annually

Non-Consent Tower: \$500 annually
+ Donation of one Certificate of Destruction vehicle annually

Membership is contingent on the recommendation from two founding board members and acceptance of the prospective member of the SSTA Bylaws.

On becoming a member, I have read & agree to abide by the Code of Ethics and will also abide by the Bylaws of the SUNSHINE STATE TOWING ASSOCIATION.

1st SSTA Sponsor's Name

Member Signature & Date

2nd SSTA Sponsor's Name

Company

Make Check Payable to:
 SUNSHINE STATE TOWING ASSOCIATION
 2395 S.W. 66th Terrace, Davie, Florida 33317