

**PRESIDENT**  
 Ramon Crego, Jr.  
 Excalibur Towing Service  
 14294 SW 142 Avenue  
 Miami, FL 33186



**EXECUTIVE DIRECTOR**  
 Mike Seamon  
 PWOFF  
 4718 Edgewater Drive  
 Orlando, FL 32804

**APPLICATION FOR MEMBERSHIP**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Representative: \_\_\_\_\_ Company Email Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Toll Free # \_\_\_\_\_ FAX#: \_\_\_\_\_  
 Area Code + # \_\_\_\_\_ Area Code + FAX # \_\_\_\_\_

Location: \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_

Protected Storage  
 Location(s): \_\_\_\_\_

<u>Equipment</u>	<u>Check</u>	<u>Equipment</u>	<u>Check</u>
(LD) Class A	_____	(LB) Lowboy	_____
(MD) Class B	_____	(AB) Air Bags	_____
(HD) Class C	_____	(MR) Mechanical Repair	_____
(FB) Flatbed	_____	(MT) Motorcycle Transport	_____

On becoming a member, I have read & agree to abide by the Code of Ethics  
 and will also abide by the Bylaws of the  
**PROFESSIONAL WRECKER OPERATORS OF FLORIDA, INC.**

Member Signature \* \_\_\_\_\_ Company Name \_\_\_\_\_ Date \_\_\_\_\_

1st PWOFF Sponsor's Name \_\_\_\_\_

2nd PWOFF Sponsor's Name \_\_\_\_\_

\* Member signature required  
**MEMBERSHIP DUES: \$250 Annually**  
 Membership dues are payable by check or credit card to:  
**PROFESSIONAL WRECKER OPERATORS OF  
 FLORIDA INC.**  
 4718 EDGEWATER DRIVE - ORLANDO, FL 32804  
 (407)296-3316 • pwof@hotmail.com

<b>MEMBERSHIP DUES</b>	<b>\$ 250.00</b>
<b>CONTRIBUTION TO LEGISLATIVE FUND</b>	<b>\$ _____</b>
<b>TOTAL</b>	<b>\$ _____</b>

CREDIT CARD # \_\_\_\_\_ CVV \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NAME SHOWN ON CARD \_\_\_\_\_