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

EXECUTIVE DIRECTOR
Mike Seamon
PWOF
4718 Edgewater Drive
Orlando, FL 32804

ASSOCIATE

APPLICATION FOR MEMBERSHIP

Company Name:_____

Mailing Address:_____

City:_____ State:_____ ZIP:_____

Representative:_____ Company Email Address_____

Phone#_____ Toll Free#_____ FAX#:_____
Area Code + # Area Code + FAX #

On becoming a member, I agree to abide by the Constitution, Code of Ethics, and Bylaws of the PROFESSIONAL WRECKER OPERATORS OF FLORIDA, INC.

_____

Signature Company Name Date

MEMBERSHIP DUES: $100 Annually

Make your membership dues check (a business expense tax deduction) payable to:

PROFESSIONAL WRECKER OPERATORS OF FLORIDA INC.
4718 EDGEWATER DRIVE - ORLANDO, FL 32804
(407) 296-3316
pwof@hotmail.com

NAME SHOWN ON CARD _____

CREDIT CARD # _____CVV_____ EXPIRATION DATE _____