

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

MEMBERSHIP DUES	\$ 250.00
CONTRIBUTION TO LEGISLATIVE FUND	\$ _____
TOTAL	\$ _____

CREDIT CARD # _____ CVV _____ EXPIRATION DATE _____

NAME SHOWN ON CARD _____