



UNITED TOWING ASSOCIATION OF SOUTH AFRICA

33 CACHET STREET, LAMBTON 1401 - P.O. BOX 15793 LAMBTON 1414

TELE. 0861 188 272 - FAX 0866 840 782

e-mail:- info@utasa.co.za

website:- www.utasa.co.za

MEMBERSHIP APPLICATION FORM

Company Ck no

Street City

Address

P O Box City Code

Phone Fax Cell

First Name Surname Email

TOTAL TRUCKS ROLLBACKS SLINGS

Membership of UTASA is opened to all towing companies engaged in the business of the transportation and recovery of motor vehicles within South Africa.
To become a member, fill out this form and return it to the UTASA office.

LIST OF TRUCKS INDICATE (Rollback) or (Sling) Attach Copy of Reg papers

R/S	Make	Registration	R/S	Make	Registration
1	<input type="text"/>	<input type="text"/>	2	<input type="text"/>	<input type="text"/>
R/S	Make	Registration	R/S	Make	Registration
3	<input type="text"/>	<input type="text"/>	4	<input type="text"/>	<input type="text"/>
R/S	Make	Registration	R/S	Make	Registration
5	<input type="text"/>	<input type="text"/>	6	<input type="text"/>	<input type="text"/>
R/S	Make	Registration	R/S	Make	Registration
7	<input type="text"/>	<input type="text"/>	8	<input type="text"/>	<input type="text"/>
R/S	Make	Registration	R/S	Make	Registration
9	<input type="text"/>	<input type="text"/>	10	<input type="text"/>	<input type="text"/>

I the undersigned, do hereby agree to abide by the constitution and bylaws of The United Towing Association by my signature hereto. I confirm that I am duly Authorized to sign this membership form as a representative of my company.

Signed aton thisday of20

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SIGNATURE NAME ID NO