



Chicago Roofing Contractors Association  
4415 W. Harrison, Suite 540, Hillside, IL 60162  
Phone: 708-449-3340, Fax: 708-449-0837  
Email: info@crca.org – www.CRCA.org

## 2017 APPLICATION - CONTRACTOR MEMBERSHIP

The Applicant listed below is applying for Contractor Membership in the Chicago Roofing Contractors' Association, Inc. as a corporate membership. If elected to membership, this business entity agrees to accept and abide by all of the By-Laws now in force and as amended from time to time. In making application for membership, all claims will be waived against the Association, its officers, directors and all members arising out of any act in connection with the acceptance or rejection of this application, or any action taken by the Arbitration Committee of the Association.

### Company information (print name exactly as it is to appear in the Membership Directory and at CRCA.org)

Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Company E-mail: \_\_\_\_\_ Web: \_\_\_\_\_

### Complete this section only if applicable

Legal Name of Company (if different): \_\_\_\_\_  
Subsidiary or Division of (if applicable): \_\_\_\_\_  
Additional Business Entities \_\_\_\_\_

### Form of business organization (check one)

Sole Proprietorship  Partnership  Corporation  Other: \_\_\_\_\_

### Types of work for which you contract (check all that apply)

Low Slope/Comm/Indust./Inst  Steep Slope – 8 units or less  Steep Slope – 9 units or more  
 Waterproofing/Dampproofing  Garden  Vacuuming  Air Barriers  Solar & Wind Energy

### Primary representative: Name and Email will be listed in the Membership Directory & CRCA.org

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Individual E-mail (if different than company): \_\_\_\_\_  
Address (if different than company): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (if different) : \_\_\_\_\_ Fax (if different): \_\_\_\_\_

### MEMBERSHIP DIRECTORY: Which address should be printed in the directory and put on the website?

Company Address  Primary Representative Address

### Other representatives (only the names are listed in the Membership Directory)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
E-mail: \_\_\_\_\_

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## Business Information

IL Roofing Contractor License Number: \_\_\_\_\_ License  Limited  Unlimited

Name on IL License: \_\_\_\_\_ First Effective IL License Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Year Business Established: \_\_\_\_\_

Union:  Yes  No If Yes, Union Affiliations: \_\_\_\_\_

Approx. Percentage of company sales:

- Roofing: \_\_\_\_\_ Waterproofing: \_\_\_\_\_
- Sheet Metal: \_\_\_\_\_ Other (describe) \_\_\_\_\_

**Business References. List three manufacturers, suppliers, or distributors with whom you do business & list other association memberships with the top one being the CRCA member who referred you!**

**Company:** \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Memberships:  NRCA  MRCA  SWRI

## Dues Payment – Credit Card or Check. SPECIAL New Member Dues Rate: \$500

Check made payable to Chicago Roofing Contractors Association attached.

Charge my credit card below for New Member Dues.

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Invoice my company (membership complete upon approval and receipt of payment in full.)  
**2<sup>nd</sup> year membership dues will be invoiced at current rate**

## Requirements of Contractor Membership

**Application must include:** 1. Proof of liability insurance (\$500,000 min) 2. Copy of Workers' Comp Ins. Certificate  
3. Copy of IL Roofing Contractor License Certificate. 4. Safety Program Proof (statement on your firm's letterhead that your firm has a Safety Program in place.)

I hereby agree in entirety and without reservation to the first paragraph of this membership Application. Further, I hereby certify that all information in this Application is true, complete and correct to the best of my knowledge.

**Signature of Officer, Partner or Owner:** \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Provide a brief paragraph, describing your firm's business. Will be used on the CRCA website (www.crca.org)**

- Mail completed application with check to: Chicago Roofing Contractors Association •  
4415 W. Harrison St., Suite 540, Hillside, IL 60162 OR
- Send completed application with credit card info to (708) 449-0837 (fax) or info@crca.org (scan/email)