



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

2018 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.)
2nd 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)