



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

### Requirements of Contractor Membership

- To Submit:** 1. Proof of liability insurance (\$500,000 min.) & Copy of Workers' Comp Insurance Certificate  
 2. Proof of IL Roofing Contractor License Certificate (copy of IL license)  
 3. Proof of Safety Program (statement on your firm's letterhead that your firm has a Safety Program in place.)

### Company information (print name exactly as it is to appear in all CRCA contacts: website, directory, mailings, etc.)

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

### Business Information

IL Roofing Contractor License Number: \_\_\_\_\_ License Type:  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): \_\_\_\_\_  
 Legal Name of Company (if different): \_\_\_\_\_  
 Subsidiary or Division of (if applicable): \_\_\_\_\_

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

- Low Slope Commercial/Indust/Institutional  Low Slope Single Family Resident.  Low Slope Multi Family Resident.  
 Steep Slope Commercial/Indust/Institutional  Steep Slope Single Family Resident.  Steep Slope Multi Family Resident.  
 Waterproofing/Dampproofing  Vegetative  Vacuuming  Air Barriers  Solar & Wind Energy

### Primary Representative: Name and Email (to be included in all CRCA contacts website, directory, mailings, etc.)

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

### Additional Contacts – to receive all CRCA communications on events, updates and more

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Be sure to complete all information and sign the second page of this application

# CRCA APPLICATION – CONTRACTOR MEMBERSHIP

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**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  OTHER \_\_\_\_\_

**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**

This Applicant 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.

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](http://www.crca.org))**

**Send completed application with payment via:**

**Mail:** Chicago Roofing Contractors Association ~ 4415 W. Harrison St., Suite 540 - Hillside, IL 60162

**Fax:** (708) 449-0837 or **Scan/Email:** [info@crca.org](mailto:info@crca.org)