



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 ASSOCIATE APPLICATION – Roof Consultant / Architect

The Applicant listed below is applying for Associate 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. Roof Consultants must also be members of the Roof Consultants Institute, Chicago Chapter.

### Company information (Company, Individual Name & Email will be listed in the Membership Directory & CRCA.org)

Roof Consultant     Architect

Name of Company: \_\_\_\_\_

Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Company E-mail: \_\_\_\_\_ Web: \_\_\_\_\_

Individual E-mail: \_\_\_\_\_

RCI Membership # \_\_\_\_\_

### Complete this section only if applicable

Legal Name of Company (if different): \_\_\_\_\_

Subsidiary or Division of (if applicable): \_\_\_\_\_

### Form of business organization (check one)

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

### Additional Contacts (only the names are listed in the Membership Directory)

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

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

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

Provide a brief paragraph, describing your firm's business. Will be used on ([www.crca.org](http://www.crca.org))

Be sure to complete all information and sign on the other side of this Application.

**CHICAGO ROOFING CONTRACTORS ASSOCIATION  
APPLICATION  
FOR ROOF CONSULTANT / ARCHITECT MEMBERSHIP – 2018  
(Page 2)**

**How did you hear about CRCA? (Check all that apply)**

**CRCA Member Reference:**

**Company** \_\_\_\_\_ **Name** \_\_\_\_\_

**Phone or Email** \_\_\_\_\_

CRCA Communication

CRCA Website

Internet Search

Other: \_\_\_\_\_

**Payment of Dues – Credit Card or Check. SPECIAL New Member Dues Rate: \$310**

Check made payable to Chicago Roofing Contractors Association attached.

Charge my  Visa  MasterCard  American Express account for the Annual 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**

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

**Signature:** \_\_\_\_\_

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

- **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](mailto:info@crca.org) (scan/email)**