



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

2021 APPLICATION - CONTRACTOR MEMBERSHIP

Requirements of Contractor Membership

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: _____

Memberships: NRCA MRCA CSI OTHER _____

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

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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:** _____

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

**This rate is applicable for applicants that have never applied for CRCA membership or have not been a CRCA member for 5 years or more. If less than 5 years, the current membership rate applies.*

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

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)

Send completed application with payment via:

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