



## Chicago Roofing Contractors Association

4415 W. Harrison, Suite 540, Hillside, IL 60162

Phone: 708-449-3340, Fax: 708-449-0837

Email: [info@crca.org](mailto:info@crca.org) – [www.CRCA.org](http://www.CRCA.org)

## 2022 APPLICATION - ASSOCIATE MEMBERSHIP

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

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

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_ Phone (if different) \_\_\_\_\_

Address (if different than company): \_\_\_\_\_

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

### MEMBERSHIP LISTING: Which address should be printed in the CRCA Directory and CRCA.org website?

Company Address       Primary Representative Address

### 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: \_\_\_\_\_

### Type of business. Check all categories that classify your business:

Manufacturer     Materials Distributor     Equipment Distributor     Independent Manufacturers' Representative

Industry Services (i.e. vacuum contractor, debris containment, insurance, etc.)     Other (describe) \_\_\_\_\_

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

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

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

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

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

### Business References: List three suppliers, dealers, or roofing contractors with whom you do business

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

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

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

**BE SURE TO COMPLETE ALL INFORMATION AND SIGN THE SECOND PAGE OF THIS APPLICATION**

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How did you hear about CRCA? Check all that apply:

- CRCA Member (Referring Company/Contact)** \_\_\_\_\_  
 CRCA Communication  
 CRCA Website       Internet Search       Other: \_\_\_\_\_

Provide a brief paragraph describing your firm's business. The description is used on CRCA's website ([www.crca.org](http://www.crca.org)). Write below or email to [info@crca.org](mailto:info@crca.org)

## 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: \_\_\_\_\_ CVV Code: \_\_\_\_\_ 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**

The Applicant 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.

I hereby agree in entirety and without reservation to the above 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 of Officer, Partner or Owner: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Send completed application with payment via:**

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

**Email:** [info@crca.org](mailto:info@crca.org)