



**Chicago Roofing Contractors Association**  
800 Roosevelt Road, Building C, Suite 312, Glen Ellyn, IL 60137  
Phone: 708-449-3340 Email: [info@crca.org](mailto:info@crca.org) – [www.CRCA.org](http://www.CRCA.org)

## 2024 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 above): \_\_\_\_\_  
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, please describe: \_\_\_\_\_

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

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 promo description to be used at CRCA.org or email to info@crca.org

## Membership Level Options:

(All CRCA Sponsorships include Basic Membership with great upgrades! See Sponsor Flyer for more info)

- CRCA Basic Membership Only - \$835

**JUMP TO SPONSOR LEVEL! Details for each available at [www.CRCA.org/Upgraded-Members/Become-a-Sponsor](http://www.CRCA.org/Upgraded-Members/Become-a-Sponsor) (Each Includes CRCA Basic Membership):**

- BRONZE** -- \$1,500  
 **SILVER** -- \$2,500  
 **GOLD** -- \$3,500  
 **PLATINUM** -- \$5,000  
 **DIAMOND** -- \$10,000

## Dues Payment

- Charge** my credit card below or       **Check** payable to Chicago Roofing Contractors Association

Card Number: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

- Invoice my company (membership complete upon approval and receipt of payment in full)

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 COMPLETE APPLICATION WITH PAYMENT VIA:

**Mail:** Chicago Roofing Contractors Association ~ 800 Roosevelt Rd., Bldg. C, Suite 312 – Glen Ellyn, IL 60137

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