



2025 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: _____
 Company E-mail: _____ Web: _____

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): _____

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
 Metal Roofing Architectural Sheet Metal

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: _____
 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:** _____

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Company: _____ **Contact:** _____ **Phone:** _____

Membership Level Options:

(All CRCA Upgraded Memberships Include Basic Membership. See www.crca.org/upgraded-members for upgraded membership level details.)

CRCA Basic Membership - \$835

Includes: 1 **FREE** Attendee at CRCA's 3 Membership Meetings annually, **FREE** 15 minutes of monthly legal consultation on issues such as contractors, labor, OSHA; **FREE** Registration to all CRCA Webinars, **ACCESS** to Members Only Area with code info and past webinar recordings, **ACCESS** to join CRCA's Member 401K Retirement Plan (Merrill Lynch), valuable networking opportunities with industry leaders plus **MORE!**

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

Dues Payment

COMPANY WILL BE INVOICED UPON APPROVAL OF MEMBERSHIP

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 above 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 COMPLETE APPLICATION WITH PAYMENT VIA:

Mail: Chicago Roofing Contractors Association ~ 800 Roosevelt Rd., Bldg. C, Ste. 312 – Glen Ellyn, IL 60137
Email: info@crca.org