



Chicago Roofing Contractors Association
4415 W. Harrison, Suite 436, Hillside, IL 60162
Phone: 708-449-3340, Fax: 708-449-0837
Email: info@crca.org

2015 APPLICATION - CONTRACTOR MEMBERSHIP

I hereby make application for membership in the Chicago Roofing Contractors' Association, Inc., as a Contractor Member. If elected to membership, I agree 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, I hereby waive all claims 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.

Company information (print name exactly as it is to appear in the Membership Directory and at CRCA.org)

Name of Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____
Company E-mail: _____ Web: _____

Complete this section only if applicable

Legal Name of Company (if different): _____
Subsidiary or Division of (if applicable): _____
Additional Business Entities _____

Form of business organization (check one)

Sole Proprietorship Partnership Corporation Other: _____

Types of work for which you contract (check all that apply)

Low Slope/Comm/Indust./Inst Residential – 8 units or less Residential – 9 units or more
 Waterproofing/Dampproofing Garden Vacuuming Air Barriers Solar & Wind Energy

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

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

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

Name: _____ Title: _____
E-mail: _____ Fax (if different): _____
Name: _____ Title: _____
E-mail: _____ Fax (if different): _____

CRCA 2015 APPLICATION – CONTRACTOR MEMBERSHIP

(Page 2)

Business Information

Roofing Contractor License Number: _____ License Limited Unlimited

Name on License: _____

Year Business Established: _____

Union: Yes No If Yes, Union Affiliations: _____

Approx. Percentage of company sales:

- Roofing: _____ Waterproofing: _____
- Sheet Metal: _____ Other (describe) _____

Business References. List three manufacturers, suppliers, or distributors with whom you do business & list other association memberships:

Company: _____ Contact: _____ Phone: _____

Company: _____ Contact: _____ Phone: _____

Company: _____ Contact: _____ Phone: _____

Memberships: NRCA MRCA SWRI

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: _____ 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

Requirements of Contractor Membership

Application must include: 1. Proof of liability insurance (\$500,000 min) 2. Copy of Workers' Comp Ins. Certificate
3. Copy of IL Roofing Contractor License Certificate. 4. Safety Program Proof (statement on your firm's letterhead that your firm has a Safety Program in place.)

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)

- Mail completed application with check to: Chicago Roofing Contractors Association •
4415 W. Harrison St., Suite 436, Hillside, IL 60162 OR
- Send completed application with credit card info to (708) 449-0837 (fax), or Jeanne@crca.org (scan/email)