



Chicago Roofing Contractors Association  
 4415 W. Harrison, Suite 540, Hillside, IL 60162  
 Phone: 708-449-3340, Fax: 708-449-0837

Email: info@crca.org

## 2017 APPLICATION - ASSOCIATE MEMBERSHIP

The Applicant listed below 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.

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

### 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) \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Individual's E-mail: \_\_\_\_\_  
 Address (if different than company): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone (if different) : \_\_\_\_\_ Fax (if different): \_\_\_\_\_

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

Company Address    Primary Representative Address

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

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

**Be sure to complete all information and sign on the other side of this Application.**

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

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Year Business Established: \_\_\_\_\_ Memberships:  NRCA  MRCA  SWRI  Other \_\_\_\_\_

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

- CRCA Member, (Name 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). Write below or email to 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 the 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.)

**2<sup>nd</sup> year CRCA Membership Dues invoiced at current Board Approved Rate.**

**Billing - Please provide information for any future billing if different than page 1**

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby agree in entirety and without reservation to the first 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  
**Fax:** (708) 449-0837 or **Scan/Email:** [info@crca.org](mailto:info@crca.org)