



Chicago Roofing Contractors Association
4415 W. Harrison, Suite 540, Hillside, IL 60162
Phone: 708-449-3340, Fax: 708-449-0837
Email: info@crca.org – www.CRCA.org

2017 ASSOCIATE APPLICATION – Roof Consultant / Architect

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. Roof Consultants must also be members of the Roof Consultants Institute, Chicago Chapter.

Company information (Company, Individual Name & Email will be listed in the Membership Directory & CRCA.org)

Roof Consultant Architect

Name of Company: _____

Individual Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Company E-mail: _____ Web: _____

Individual E-mail: _____

RCI Membership # _____

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: _____

Additional Contacts (only the names are listed in the Membership Directory)

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Provide a brief paragraph, describing your firm's business. Will be used on (www.crca.org)

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

**CHICAGO ROOFING CONTRACTORS ASSOCIATION
APPLICATION
FOR ROOF CONSULTANT / ARCHITECT MEMBERSHIP – 2017
(Page 2)**

How did you hear about CRCA? (Check all that apply)

CRCA Member Reference:

Company _____ **Name** _____

Phone or Email _____

CRCA Communication

CRCA Website Internet Search Other: _____

Payment of Dues – Credit Card or Check. SPECIAL New Member Dues Rate: \$310

Check made payable to Chicago Roofing Contractors Association attached.

Charge my Visa MasterCard American Express account for the Annual 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

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: _____

Print Name: _____ Title: _____ Date: _____

- **Mail completed application with check to: Chicago Roofing Contractors Association •
4415 W. Harrison St., Suite 540, Hillside, IL 60162**

Or

- **Send completed application with credit card info to (708) 449-0837 (fax) or info@crca.org (scan/email)**