



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

Email: info@crca.org

2018 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.)

2nd 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