



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

APPLICATION - CONTRACTOR MEMBERSHIP

Requirements of Contractor Membership

- To Submit:** 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 (to be included in all CRCA contacts (website, directory, mailings, etc.))

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

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/Industrial/Institutional Low Slope Single Family Resident. Low Slope Multi Family Residential
 Steep Slope Commercial/Industrial/Institutional Steep Slope Single Family Resident. Steep Slope Multi Family Resident.
 Waterproofing/Dampproofing Vegetative Vacuuming Air Barriers Solar & Wind Energy

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): _____ Fax (if different): _____

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: _____

CRCA APPLICATION – CONTRACTOR MEMBERSHIP

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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:** _____

Memberships: NRCA MRCA SWRI OTHER _____

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)
(Note: 2nd year membership dues will be invoiced at current rate, approximately \$670)

The Applicant listed below 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 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 540, Hillside, IL 60162 OR
- Send completed application with credit card info to (708) 449-0837 (fax) or info@crca.org (scan/email)

2018 Contractor