



## Chicago Roofing Contractors Association

4415 W. Harrison, Suite 540, Hillside, IL 60162

Phone: 708-449-3340, Fax: 708-449-0837

Email: [info@crca.org](mailto:info@crca.org) – [www.CRCA.org](http://www.CRCA.org)

## 2021 APPLICATION - ASSOCIATE MEMBERSHIP

### Company Information (print name exactly as it is to appear in all CRCA contacts: website, directory, mailings, etc.)

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Company E-mail: \_\_\_\_\_ Web: \_\_\_\_\_

Year Business Established: \_\_\_\_\_ Memberships:  NRCA  MRCA  CSI  Other \_\_\_\_\_

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

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

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**BE SURE TO COMPLETE ALL INFORMATION AND SIGN THE SECOND PAGE OF THIS APPLICATION**

# 2021 APPLICATION - ASSOCIATE MEMBERSHIP

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

- CRCA Member (Referring 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](http://www.crca.org)). Write below or email to [info@crca.org](mailto:info@crca.org)

## Dues Payment – Credit Card or Check. SPECIAL New Member Dues Rate: \$500

*\*This rate is applicable for applicants that have never applied for CRCA membership or have not been a CRCA member for 5 years or more. If less than 5 years, the current membership rate applies.*

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.**

The Applicant 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.

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

**Email:** [info@crca.org](mailto:info@crca.org)