



**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,  
ROOF CONSULTANT / ARCHITECT**

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

Roof Consultant     Architect

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

Primary Contact: \_\_\_\_\_

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

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

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

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

Individual E-mail: \_\_\_\_\_ Year Business Established: \_\_\_\_\_

Memberships:     NRCA     MRCA     CSI     OTHER \_\_\_\_\_

IIBEC 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: \_\_\_\_\_

**Work Specialties (check all that apply)**

Building Envelope     Steep Slope     Low Slope / Commercial / Industrial / Institutional  
 Residential     Vegetative Roofing     Waterproofing / Dampproofing  
 Other: \_\_\_\_\_

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

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

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

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

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

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

CRCA Member, (Name Company/Contact) \_\_\_\_\_  
 CRCA Communication  
 CRCA Website     Internet Search     Other: \_\_\_\_\_

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

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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: \$320

*\*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 New Member Dues.

Card Number: \_\_\_\_\_ CVV Code: \_\_\_\_\_ 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 membership dues will be invoiced at current 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. Roof Consultants must also be members of the Roof Consultants Institute, Chicago Chapter.

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: \_\_\_\_\_

**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)