



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

2022 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: _____ Year Business Established: _____

Company E-mail: _____ Web: _____

Primary representative. Name & Email will be listed in the CRCA Membership Directory & CRCA.org:

Name: _____ Title: _____

Contact E-mail: _____ Phone (if different) _____

Address (if different than company): _____

City: _____ State: _____ Zip: _____

MEMBERSHIP LISTING: Which address should be printed in the CRCA Directory and CRCA.org website?

Company Address Primary Representative Address

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) _____

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

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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). 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 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)
2nd 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.

I hereby agree in entirety and without reservation to the above 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