



Chicago Roofing Contractors Association
800 Roosevelt Road, Building C, Suite 312, Glen Ellyn, IL 60137
Phone: 708-449-3340 Email: info@crca.org – www.CRCA.org

2023 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 above): _____
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, please describe: _____

Additional Contacts – to receive all CRCA communications on events, updates and more

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 promo description to be used at CRCA.org or email to info@crca.org

Membership Level Options:

(All CRCA Sponsorships include Basic Membership with great upgrades! See Sponsor Flyer for more info)

- ☐ **CRCA Basic Membership Only - \$775**

JUMP TO SPONSOR LEVEL! (Includes CRCA Basic Membership):

☐ **BRONZE** – 1/4 pg. b/w CRCA Today Ad + listing, Sponsor Pg. listing, 1x Member Mtg. Welcome, Email Welcome sent to 1,500+ mbr. contacts - **\$1,500**

☐ **SILVER** – 1/2 pg. b/w CRCA Today Ad + listing, Sponsor Pg. listing, 4x Member Mtg. Welcome, 1x2 free additional Membership Mtg. attendees, Email Welcome sent to 1,500+ member contacts, - **\$2,500**

☐ **GOLD** – 1/2 pg. color CRCA Today Ad + listing, Sponsor Pg. listing, 4x Member Mtg. Welcome, 1x4 free additional Membership Mtg. attendees, Email Welcome sent to 1,500+ member contacts, Promo flyer in Dec. renewals - **\$3,500**

☐ **PLATINUM** – Full color CRCA Today Ad + listing, Sponsor Pg. listing, 4x Member Mtg. + Dinner Welcome, 2x2 free additional Membership Mtg. attendees, 2x Email Welcome sent to 1,500+ CRCA member contacts, Promo flyer included in Dec. renewals - **\$5,000**

☐ **DIAMOND** – Full color CRCA Today Ad w/priority placement + listing, Logo on CRCA.org home page & all E-News, Sponsor Pg. listing, 4x Member Mtg. + Dinner Welcome, 2x4 free additional. Member Mtg. attendees, 2x Email Welcome sent to 1,500+ CRCA member contacts, Promo flyer included in Dec. renewals - **\$10,000**

Dues Payment

- ☐ **Charge** my credit card below or

- ☐ **Check** payable to Chicago Roofing Contractors Association

Card Number: _____ CVV Code: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Billing Address: _____ Phone: _____

City/State/Zip: _____ Email: _____

- ☐ Invoice my company (membership complete upon approval and receipt of payment in full)

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 COMPLETE APPLICATION WITH PAYMENT VIA:

Mail: Chicago Roofing Contractors Association ~ 800 Roosevelt Rd., Bldg. C, Suite 312 – Glen Ellyn, IL 60137

Email: info@crca.org