



2026 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: _____ Web: _____

Company E-mail: _____

Individual E-mail: _____ Year Business Established: _____

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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(Page 2)

Provide a brief paragraph describing your firm's business to be used on
CRCA's website (www.crca.org):

Membership Level:

☐ **CRCA Roof Consultant/Architect Membership - \$410***

Dues Payment

COMPANY WILL BE INVOICED UPON APPROVAL OF MEMBERSHIP

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 COMPLETE APPLICATION TO:

Mail: Chicago Roofing Contractors Association ~ 1 Mid America Plaza, Floor 3, Suite 3014,
Oakbrook Terrace, IL 60181
Email: info@crca.org