



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



**2020 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). Write below or email to info@crca.org

Payment of Dues – Credit Card or Check. SPECIAL TRADESHOW New Member Dues Rate: \$270

- 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.)

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

Fax: (708) 449-0837 or **Scan/Email:** info@crca.org