



**CANADIAN ROOFING CONTRACTORS ASSOCIATION
APPLICATION FOR ACTIVE MEMBERSHIP**



To: Executive Director
Canadian Roofing Contractors= Association
Suite 100, 2430 Don Reid Drive, Ottawa ON K1H 1E1
Tel: 613-232-6724 / Fax: 613-232-2893

Date: _____

The undersigned hereby applies for Active membership in the Canadian Roofing Contractors= Association.

COMPANY NAME: _____

STREET ADDRESS: _____

CITY/PROVINCE: _____ **POSTAL CODE:** _____

SIGNED: _____ **TITLE:** _____

OUR REPRESENTATIVE WILL BE: _____

Telephone: () _____ **Fax:** () _____

Web site: _____

E-mail: _____

Acceptance in membership requires compliance with the Constitution, Bylaws and Rules of the Association.

Acceptance as an Active member requires that the applicant first be accepted as a member of the applicable provincial association affiliated with the Canadian Roofing Contractors= Association.

(Applicable Provincial Association)

Date of acceptance

Certified by: _____
Signature

Date admitted to membership in CRCA _____
M/D/Y

By: _____
(For Board of Directors)