



**CANADIAN ROOFING CONTRACTORS= ASSOCIATION
APPLICATION FOR ASSOCIATE MEMBERSHIP**



To: Executive Director Date: _____
 Canadian Roofing Contractors= Association
 Suite 100, 2430 Don Reid Drive, Ottawa ON K1H 1E1
 Tel: (613) 232-6724 / (800) 461-2722 Fax: (613) 232-2893

The undersigned hereby applies for Associate membership in the Canadian Roofing Contractors= Association (CRCA).

COMPANY NAME: _____

STREET ADDRESS: _____

PROVINCE: _____ **POSTAL CODE:** _____

SIGNED: _____ **TITLE:** _____

OUR REPRESENTATIVE WILL BE: _____

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

E-mail: _____ **Website:** _____

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

** A cheque drawn to the order of the Canadian Roofing Contractors= Association in payment of one year=s dues must accompany this application. See attached Schedule of Dues to select your category of dues.

Applicant must be sponsored by 2 Active or Associate members in the nearest city to Applicant.

Name: _____ Signature: _____

Company: _____

Address: _____

Name: _____ Signature: _____

Company: _____

Address: _____

Date admitted to membership in CRCA _____ M/D/Y By: _____
(For Board of Directors)