



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



To: Executive Director  
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

Date: \_\_\_\_\_

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)