



**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)

**CANADIAN ROOFING CONTRACTORS ASSOCIATION
ASSOCIATION CANADIENNE DES ENTREPRENEURS EN COUVERTURE**

100-2430 Don Reid Drive · Ottawa, Ontario · K1H 1E1 · Tel: 800-461-2722 · 613-232-6724 · Fax: 613-232-2893
Website: www.roofingcanada.com · E-mail: crca@roofingcanada.com

CRCA MEMBERSHIP DUES STRUCTURE

Membership dues are based on your annual dollar of roofing business as recorded in your most recently terminated business year and are payable as follows:

| <u>CATEGORY</u> | <u>VOLUME OF BUSINESS</u> | <u>2018 DUES</u> |
|------------------------|----------------------------------|-------------------------|
| 1 | Under \$1,000,000 | \$1288.00 |
| 2 | \$1,000,000 - \$5,000,000 | \$1724.00 |
| 3 | \$5,000,000 - \$10,000,000 | \$2638.00 |
| 4 | Over \$10,000,000 | \$3366.00 |

Your membership dues can be paid by **CHEQUE, VISA, MASTERCARD OR AMEX**. If you are paying by credit card, please provide us with your card number and expiry date below.

***** PLEASE ADD APPLICABLE GST/HST TAXES *****

VISA MASTERCARD AMEX CHEQUE ENCLOSED

CARD NUMBER#: _____

EXPIRY DATE: _____

SIGNATURE: _____

If you should have any questions, please do not hesitate to contact the CRCA office.

Tel: 613-232-6724 / Toll free: 800-461-2722