

APPLICATION FOR INDUSTRY MEMBERSHIP

Date _____

To: Executive Direc Canadian Roofir	tor ng Contractors Association		
Suite 100, 2430	Don Reid Drive		
OTTAWA ON K11			
Tel: (613) 232-67			
Email: <u>crca@roc</u>	ofingcanada.com		
The undersigned he	ereby applies for Industry Membership i	n the Canadian Roofing Contractors= Association	n.
The undersigned ac	cknowledges that acceptance of this ap	plication for membership is subject to approval b	oy the
Board of Directors	of the Association		
the Association re the Association sa Industry member :	garding the industry and shall be enti we and except the holding of an elect	ne By-laws of the Association. An Industry	
APPLICANT'S NAM	1E:		
Company Name: _			
Address:			
City:	Province:	Postal code:	
Tel:	Email:	Web site:	
Signature:			
Acceptance of and	privilege of membership requires comp	oliance with the Constitution, Bylaws and Rules o	of the
	-	s for the individual person and not a company vidual and not the company which employs the p	person
	cation is approved by the Board of Direcus Is applicable taxes covering one year's	tors, you will receive an email with an invoice to t membership fees.	the
CRCA GST/HST Bus	siness Number: 106866510 RT		
Date admitted to m	nembership in CRCA	By	
	M/D/Y	(For Board of Directors)	



INDUSTRY MEMBERSHIP CRITERIA

It should be noted that Industry Membership excludes any person involved as a Roofing Contractors, Manufacturer or Distributor of roofing products. All members who have applied for Industry Membership are hereby asked to sign the agreement below

I hereby agree to abide by the Industry Membership and confirm that I am not involved as a roofing contractor, manufacturer or distributor of roofing products. Listed below is the name of the company I work for along with the position I hold and a brief description of the company's business.

Date:
Individual's Name:
Company Name:
Position held:
Brief description of company business:
Signature:
Please return as soon as possible to the email crca@roofingcanada.com . If you should have any questions, please do not hesitate to contact the CRCA office.
If you do not qualify for Industry Membership, please put a (x) in the box
□ I do not qualify for Industry Membership