



**APPLICATION FOR ACTIVE MEMBERSHIP
(where no affiliate provincial association exist)**

To: Executive Director
Canadian Roofing Contractors Association
Suite 100, 2430 Don Reid Drive, Ottawa ON K1H 1E1
Tel: 613-232-6724
Email: crca@roofingcanada.com

Date: _____

The undersigned hereby applies for **Active membership (where no affiliate provincial association exist)** in the Canadian Roofing Contractors Association.

COMPANY NAME: _____

STREET ADDRESS: _____

PROVINCE: _____ **POSTAL CODE:** _____

SIGNATURE: _____ **TITLE:** _____

OUR REPRESENTATIVE WILL BE: _____

Telephone: () _____

Email: _____ **Website:** _____

Acceptance of membership requires compliance with the Code of Ethics, Bylaws and Rules of the Association.

Once your application is approved by the Board of Directors, you will receive an email with an invoice to the amount of **\$1650 plus applicable taxes covering one year's membership fees.

If you have any questions, please contact the CRCA office.

