

## CANADIAN ROOFING CONTRACTORS ASSOCIATION APPLICATION FOR ACTIVE MEMBERSHIP (where no affiliate provincial association exist)



To:	Executive Director Canadian Roofing Contracto Suite 100, 2430 Don Reid D Tel: 613-232-6724 Fax:	Drive, Ottawa ON K1H 1E1	
	Indersigned hereby applies for . ) in the Canadian Roofing Con	Active membership (where no affiliate provincial asso tractors Association.	ciation
COM	IPANY NAME:		
STR	EET ADDRESS:		
		POSTAL CODE:	
SIGN	NED:	TITLE:	
OUR	REPRESENTATIVE WIL	L BE:	
Telep	phone: ( )	<b>Fax:</b> ( )	
E-ma	ail:	Website:	
-	ptance of membership requires ciation.	s compliance with the Code of Ethics, Bylaws and Rules	s of the

Acceptance as an Active member requires that the applicant first be accepted as a member of the applicable provincial association affiliated with the Canadian Roofing Contractors Association (except when there is no affiliate provincial association in the applicant's province – then the applicant must apply directly to the CRCA).

A cheque payable to CRCA of the Administration Fee and 1 year's dues payment must accompany this application (see attached schedule of dues).

Applicant must be sponsored by a CRCA Active (roofing contractor) member.

(Active member sponsor Company Name)

Signature

City / Province / Postal Code

Date admitted to membership in CRCA

mm/dd/yy

## 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: <u>www.roofingcanada.com</u> · E-mail: <u>crca@roofingcanada.com</u>

## 2018 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>	VOLUME OF BUSINESS	<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			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