CANADIAN ROOFING CONTRACTORS ASSOCIATION APPLICATION FOR INDUSTRY MEMBERSHIP

To:

Executive Director

Canadian Roofing Contractors Association

Suite 100, 2430 Don Reid Drive

Date: _____

OTTAWA ON K1H 1 Tel: (613) 232-6724	.E1 4 Fax: (613) 232-2893	CONTRACTORS ASSOCIATION
Association. The undersig		p in the Canadian Roofing Contractors = ance of this application for membership is ociation.
the Association regarding the Association save and Industry member shall be	the industry and shall be entitle except the holding of an elec	o a PERSON interested in literature from led to all the privileges of membership in ctive office, provided further that such By-laws of the Association. An Industry the Association.
APPLICANT'S NAME:		
Company Name:		
Address:		
City:	Province:	Postal Code:
ГеІ#:	Fax#:	
Web site:	E-mail:	
Signed:		
Rules of the Association. It	is clearly understood that the ership. Promotion of members	pliance with the Constitution, Bylaws and membership is for the individual person ship will be for the individual and not the
•		axes drawn to the order of the Canadian ar's membership must accompany this
CRCA GST/HST Business N	umber: 106866510 RT	
Date admitted to member	ship in CRCAM/D/Y	By (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 CRCA office by fax: 613-232-2893. 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.