



MEMBERSHIP APPLICATION

Ohio Roofing Contractors Association

The undersigned hereby makes application for Membership and the dues will be as follows:

___ **ROOFING CONTRACTOR – \$250.00/YEAR**
(Roofing Contractor. Has full voting powers)

___ **ASSOCIATE MEMBER – \$225.00/YEAR**
(Supplies service or materials/equipment to the industry.
Has no voting powers)

___ **NEW COMPANY - 1st YEAR FREE**
(New Roofing Contractor Company less than ONE YEAR OLD.
Has full voting power)

TYPE OF BUSINESS: CORPORATION ___ PARTNERSHIP ___ PROPRIETORSHIP ___

TYPE OF WORK: (Check all that apply)

BUR ___ COLD APPLIED ___ ROOF DECK ___ URETHANE FOAM ___ SHINGLE ___

ELASTO/PLASTIC ___ SLATE, TILE ___ WATERPROOFING ___ OTHER _____

ASSOCIATE MEMBERSHIP CATEGORY: (Check only if applies)

MANUFACTURER ___ SUPPLIER ___ OTHER _____

FIRM NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PH _____ **FX** _____

EMAIL _____ **Website** _____

FIRM REPRESENTATIVE _____

ALTERNATE _____

By the applicants signature, if accepted for membership in the Ohio Roofing Contractors Association, agrees to abide by the Constitution and By-laws.

SIGN: _____ **PRINT NAME:** _____

Make check payable to ORCA and return with application.
Payment via Visa, MasterCard and American Express are also accepted.

Card Number _____ Expiration Date _____

Name on Card _____

Authorized Signature _____ Billing Zip: _____

Send back completed form and payment to:

FAX: (937) 278-0317 or **MAIL:** 7250 Poe Avenue, Suite 410, Dayton, Ohio 45414
www.ohioroofing.com

Have Questions? Call 888-294-7733 or orca@assnsoffice.com