



# 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 \_\_\_\_\_ CSV \_\_\_\_\_

Name on Card \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Send back completed form and payment to:  
**FAX:** (937) 278-0317 or **MAIL:** 7250 Poe Ave., Suite 410. Dayton, Ohio 45414  
[www.ohioroofing.com](http://www.ohioroofing.com)

**Have Questions? Call 888-294-7733 or [orca@assnsoffice.com](mailto:orca@assnsoffice.com)**