



MEMBERSHIP APPLICATION

Ohio Roofing Contractors Association

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

____ **ROOFING CONTRACTOR – \$300.00/YEAR**
(Roofing Contractor. Has full voting powers)

____ **ASSOCIATE MEMBER – \$300.00/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

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