



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 ___ ASSOCIATE MEMBER – \$225.00/YEAR

To enable the Association to classify this application properly, the following information is requested.

CORPORATION ___ PARTNERSHIP ___ PROPRIETORSHIP ___

Please check the type of work that your company is involved in:

BUR ___ COLD APPLIED ___ ROOF DECK ___ URETHANE FOAM ___
ELASTO/PLASTIC ___ SHINGLE ___ SLATE, TILE ___ WATERPROOFING ___
OTHER _____

Associate Membership applicants should check the appropriate category:

MANUFACTURER ___ SUPPLIER ___ OTHER _____

FIRM NAME _____

ADDRESS _____

CITY, STATE _____

ZIP _____ COUNTY _____

PH _____ FX _____

EMAIL _____ Website _____

FIRM REPRESENTATIVE _____

ALTERNATE _____

SUBMITTED BY _____

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

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 _____

Send back completed form and payment to:

FAX: (937) 278-0317 or **MAIL:** 2077 Embury Park Rd. Dayton, Ohio 45414
www.ohioroofing.com

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