SRCA
Saskatchewan
**Roofing** Contractors
Association

# REQUIREMENTS

## FOR ASSOCIATE & INDUSTRY MEMBERSHIP

1. All applications will be submitted in writing to the SRCA office on the prescribed forms. The application will be accompanied by a cheque which includes the Initiation Fee and SRCA Annual Membership fee. (this amount is set out in the fee schedule below)

2. ASSOCIATE MEMBERSHIP:
   An Associate Member shall be limited to a business actively engaged in manufacturing or supplying materials, equipment, or accessories used in any branch of the Roofing or related Sheet Metal Industry. Such Associate Member shall not be actively engaged in the installation of any form of roofing systems.

3. INDUSTRY MEMBERSHIP:
   An Industry Member shall be limited to a business interested in literature from the Association regarding the Industry. Such Industry Member shall not be actively engaged in the supply, manufacturing or installation of any form of roofing systems.

4. The application must be approved by the SRCA Board of Directors.

**All membership forms must be completed in full.**

**SRCA FEE SCHEDULE (Plus GST)**

| | | |
|---|---|---|
| ***Initiation Fee:*** | Industry | $300.00 |
| | Associate | $500.00 |
| ***Annual Membership Fee:*** | Industry | $750.00 |
| | Associate | $1000.00 |

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# MEMBERSHIP APPLICATION

1. B of D Approval __
2. Email list __
3. Mailing list __
4. Plaque __
5. Accounting __

**Date:** _____

**TO:** Saskatchewan Roofing Contractors' Association

The undersigned hereby makes an application for membership in the **SASKATCHEWAN ROOFING CONTRACTORS' ASSOCIATION.** Upon acceptance we agree to conform to and abide by the Bylaws of the Association, its policies, regulations, and the CRCA Code of Ethics now and hereafter in force. We also agree to pay such membership dues and other fees as may be levied by the Board of Directors.

**NAME OF FIRM:** _____

**ADDRESS:** _____

**CITY:** _____ **POSTAL CODE:** _____

**PHONE:** _____ **FAX:** _____ **CELL:** _____

**CONTACT 1:** _____ **CONTACT 2:** _____

**EMAIL ADDRESS:** _____

**WEBSITE:** _____

**YEARS IN BUSINESS UNDER THAT NAME:** _____

**PRINCIPALS OF BUSINESS:** _____

| **PRESIDENT** | **VICE PRESIDENT** | **TREASURER** |
|---|---|---|
| _____ | _____ | _____ |

| Proprietor ☐ | Partnership ☐ | Corporation ☐ | Date of Incorporation _____ |
|---|---|---|---|

**TYPE OF MEMBERSHIP APPLIED FOR:**

| Active ☐ | Associate ☐ | Industry ☐ |
|---|---|---|