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)

____ AFFILIATE MEMBER - $50/YEAR
(Non-Roofing Industry related company whose sole purpose for Membership is the Workers' Comp. Group. Has no 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:** 2077 Embury Park Rd. Dayton, Ohio 45414
www.ohioroofing.com

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