



REQUIREMENTS

FOR ASSOCIATE, INDUSTRY & INTERNATIONAL 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 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 system.
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 system.
4. **INTERNATIONAL MEMBERSHIP:**
An International Member shall be limited to a person engaged in the Roofing and related Sheet Metal Contracting Business outside of Canada.
5. The applicant must be approved by the SRCA Board of Directors.

All membership forms must be completed in full.

2012 SRCA FEE SCHEDULE (Plus GST)

Initiation Fee:	International	\$NIL
	Industry	\$100.00
	Associate	\$300.00
Annual Membership Fee:	International	\$50.00
	Industry	\$500.00
	Associate	\$750.00



Saskatchewan
Roofing Contractors
Association

MEMBERSHIP APPLICATION

- 1. Mailing list __
- 2. Fax/email list __
- 3. B of D Approval__
- 4. Plaque __
- 5. Accounting __

Date: _____

TO: Saskatchewan Roofing Contractors' Association

The undersigned hereby make application for membership in the **SASKATCHEWAN ROOFING CONTRACTORS' ASSOCIATION**. Upon acceptance we agree to conform to and abide by the Bylaws of the Association, it's 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 _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TYPE OF MEMBERSHIP APPLIED FOR:

Associate	Industry	International
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>