



Wisconsin Roofing Contractors Association APPLICATION FOR MEMBERSHIP

Contractor Associate

Firm Name _____
Street Address _____
P.O. Box _____
City _____ State _____ ZIP _____
Phone (____) _____ Fax (____) _____
E-mail _____ Web _____

Names and titles of stockholders, owners, officers, or managers authorized to represent the Company at membership meetings:

<u>Name/Title</u>	<u>Email</u>
_____	_____
_____	_____
_____	_____
_____	_____

Signature _____ Date _____
Title _____

\$500.00 per year.

(Dues are pro-rated for those joining at different times of the year.)

Payment by Credit Card

Name on Card: _____
Type of Card: MC Visa AmEx Disc
Account #: _____
Exp. Date: _____
CVV Code: _____
Billing Address: _____

Payment by Check

WRCA	Phone: 888/782-6815
P.O. Box 833	Fax: 888/287-4116
Germantown, WI 53022	E-Mail: jane@assocmgmtservices.com