



MEMBERSHIP APPLICATION

JANUARY 1 – DECEMBER 31

TERMS OF MEMBERSHIP 2017:

We/I hereby make application for membership with the Roofing Contractors Association of Washington (RCAW). Upon acceptance, we/I agree to abide by and uphold the standards, ideals and policies established in the Bylaws, Code of Ethics and Mission Statement of the RCA of Washington, now in force and as amended from time to time, and to continue working towards maintaining the highest principles and business practices. Your dues payment is **deductible as an ordinary and necessary business expense.**

Return your application with your check made payable to: **RCAW, 31811 Pacific Hwy S, #B371, Federal Way, WA 98003**

COMPANY INFORMATION

Company Name (please print) _____ UBI # _____

Street Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

Co. E-Mail Address: _____ Website: _____

Date firm established: _____ Contractor License # _____

Check other Associations to which you belong: WSRCA NRCA Other: _____

FORM OF BUSINESS ORGANIZATION (check one)

Sole Proprietorship Partnership Corporation Other: _____

TYPE OF BUSINESS (check one that best classifies your business)

Roofing Contractor Manufacturer Roofing Distributor Equip. Distributor Commercial Roofing.
 Manufacturers' Rep. Consultant Other: _____ Residential Roofing.

RESPRESENTATIVE *attach additional sheets if necessary

Voting Representative: _____ Title: _____

Phone: _____ Fax: _____

E-Mail Address: _____

CONTRACTOR DUES

Based on Prior Year's Annual Sales Volume
Annual Sales Volume Dues
\$0.00 to 1 million \$450.00
\$1,000,000.01 to 3 million \$750.00
\$3,000,000.01 + (plus) \$950.00

ASSOCIATE MEMBER DUES

Manufacturer Member \$ 1,500.00
Distributor Member (single facility) \$ 1,000.00
Distributor Member (multi-facility) \$ 1,200.00
Manufacturer Representative \$ 650.00
Industry Professionals \$ 650.00
(i.e. Legal & Insurance firms, Consultants, etc.)

SPONSORSHIP PROGRAMS*

Platinum \$5,000
Gold \$3,500
Silver \$2,500
Bronze \$1,500

***see sponsorship information for details.**

Signature: _____ Date of Application: _____

Print Name: _____

FOR PAYMENT DETAILS SEE OVER



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THE OPTIONS FOR PAYMENT OF DUES ARE SHOWN BELOW

1.0 Enclosed is my check for \$ _____ made payable to:

**Roofing Contractors Association of Washington
31811 Pacific Hwy S, #B371, Seattle WA 98104**

Phone: 253-282-9823 Fax: 206-299-3962 E-mail: execdir@rcaw.com

2.0 Please charge my Visa MasterCard American Express Discover

Card#: _____ Exp. Date: _____

Name as it appears on card: _____

Card Billing Address, & Zip Code: _____

Signature: _____

Revised 2017.

FOR OFFICIAL USE ONLY:
APPROVAL DATE: _____
WEBSITE: _____
DATABASE: _____
EMAIL: _____
PACKET: _____
ACCOUNTS: _____
INVOICE/PAYMENT: _____
MEMBERSHIP NUMBER: _____