



# MEMBERSHIP APPLICATION

JANUARY 1 – DECEMBER 31

## TERMS OF MEMBERSHIP 2020:

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, WA98003**

### 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 \$ 1,400.00   
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

31811 Pacific Hwy S #B371, Federal Way, WA 98003. Phone: 253-282-9823 Fax: 206-299-3962  
Email: [execdir@rcaw.com](mailto:execdir@rcaw.com) Web: [www.rcaw.com](http://www.rcaw.com)



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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**  
RCAW, 31811 Pacific Hwy S, #B371, Federal Way, WA98003  
Phone: 253-282-9823 Fax: 206-299-3962 E-mail: [execdir@rcaw.com](mailto: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: \_\_\_\_\_

**3.0 RCAW Payment System.**

Revised 2017.

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