



**APPLICATION FOR ASSOCIATE MEMBERSHIP**

Firm Name \_\_\_\_\_

Street Address \_\_\_\_\_

P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Web \_\_\_\_\_

Recommended by: \_\_\_\_\_

Individual(s) authorized to represent the firm:

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

Type of Business \_\_\_\_\_

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_

\_\_\_\_\_  
Title

Return to: **Wisconsin Roofing Contractors Association, Inc.**  
**660 East Mason Street**  
**Milwaukee, WI 53202-3877**  
**(414) 227-1230 Fax (414) 227-1290**

Membership dues of \$400 enclosed.