



Wisconsin Roofing Contractors Association

APPLICATION FOR CONTRACTOR MEMBERSHIP

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:

Name/Email

Title

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.