



2018 MEMBERSHIP APPLICATION

Member Type (Please Check One) Roofing Contractor Associate/Supplier

Company Name: _____ Phone: _____

Physical Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

Primary Contact: _____ Title: _____ Email: _____

Type of Business: _____ Website: _____

License Type: L-42 C-42 K-42 Other _____ License Number(s): _____

COMPANY OFFICER NAMES

1) Name: _____ Title: _____ Email: _____

2) Name: _____ Title: _____ Email: _____

3) Name: _____ Title: _____ Email: _____

ANNUAL DUES

Arizona Roofing Contractors Association Membership runs January through December.

\$450, Membership for 2018

\$225, Renewal and New memberships submitted August through December

WORKERS' COMPENSATION INFORMATION

Policy Number: _____ Carrier Name: _____

Note: All Roofing Contractors must submit certificates of insurance for worker's compensation and liability insurance within thirty (30) days of joining the association.

ROOFING CONTRACTOR SERVICE AREA(s)

- | | | | | |
|--------------------------------------|---------------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> Amado | <input type="checkbox"/> Gilbert | <input type="checkbox"/> Nationwide | <input type="checkbox"/> Prescott | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> California | <input type="checkbox"/> Glendale | <input type="checkbox"/> Nogales | <input type="checkbox"/> Rim Area | <input type="checkbox"/> Thatcher |
| <input type="checkbox"/> Camp Verde | <input type="checkbox"/> Green Valley | <input type="checkbox"/> Northern Arizona | <input type="checkbox"/> Rio | <input type="checkbox"/> Tubac |
| <input type="checkbox"/> Casa Grande | <input type="checkbox"/> Higley | <input type="checkbox"/> Payson | <input type="checkbox"/> Sahuarita | <input type="checkbox"/> Tucson |
| <input type="checkbox"/> East Valley | <input type="checkbox"/> Kingman | <input type="checkbox"/> Peoria | <input type="checkbox"/> Sedona | <input type="checkbox"/> Verde Valley |
| <input type="checkbox"/> Eloy | <input type="checkbox"/> Marana | <input type="checkbox"/> Phoenix (Valley Metro) | <input type="checkbox"/> Sierra Vista | <input type="checkbox"/> Whitmann |
| <input type="checkbox"/> Flagstaff | <input type="checkbox"/> Mesa | <input type="checkbox"/> Pinetop | <input type="checkbox"/> Southeast Arizona | <input type="checkbox"/> Yuma |

I do hereby agree to abide by the by-laws of the Arizona Roofing Contractors Association.

Signature: _____ Title: _____ Date: _____

REFERRAL

Were you referred by an ARCA member? Help us say 'Thank You' and let us know who told you about us.

Name: _____ Title: _____ Email: _____

PAYMENT INFORMATION

Check Enclosed – mail membership form with payment to ARCA, 4745 N. 7th Street, Ste. 103, Phoenix, AZ 85014

Credit Card – complete form below and fax to 602-335-0118, or scan and email to arca@azroofing.org

Credit Card #: _____ Expiration Date: _____ Billing Zip: _____

Amount \$ _____ Authorized Signature: _____

4745 N. 7th St., Ste. 102 | Phoenix, AZ 85014

Phone (602) 335-0133 | Fax (602) 335-0118 | Email: ARCA@azroofing.org