

MEMBERSHIP APPLICATION

Member Type (Plea	se Check One) 🗖 Roo	fing Contractor	☐ Associate/Su	pplier		
Company Name:				Phone:	Phone:	
Physical Address:				Fax:		
City:		_State:	Zip:	Website:		
Mailing Address:						
				CUS: cial, Residential, Workmen's Comp,		
CONTRACTORS						
License Type: CR-	42 🗖 Other	Co	ntractor License	e #(s):		
COMPANY CONTAC	TS					
1) Primary Name:	nary Name:		:	Email:		
2) Alt. 1 Name:			:	Email:		
3) Alt. 2 Name:			<u>.</u>	Email:		
☐ \$495.00, R ☐ <mark>\$247.50, R</mark>	atractors Association Menewal and New memenewal Glendale Glendale Green Valley Higley Kingman Marana	berships submitt berships submitt Nationwie Nogales Northern Payson Peoria	ed January thro ed August throu de	ugh July	Statewide Thatcher Tubac Tucson Verde Valley Whitmann	
☐ Flagstaff	☐ Mesa	☐ Pinetop		☐ Southeast Arizona	Yuma	
I do hereby agree to	abide by the by-laws o	of the Arizona Ro	ofing Contracto	rs Association.		
Signature:	e:		Title:	Date:		
REFERRAL Were you referred b	oy an ARCA member? F	lelp us say 'Than	k You' and let us	s know who told you about	us.	
Name:		Title:		Email:		
	osed – mail membersh		•	3839 N. 3 rd St., Ste. 106, Pho can and email to arca@azro	·	
Credit Card #:			Expiration	n Date: Billin	g Zip:	
Amount \$	Authorized Sig	anature.				