



Iowa Roofing Contractors Association

P.O. Box 490
Ames, Iowa 50010
(515) 232-5964

Application for Membership

I hereby make application for membership in the Iowa Roofing Contractors Association. If elected to membership as an Active or Associate member. I agree to abide by all of the By-Laws now in force and as enacted from time to time, and do all in my power to live up to the Code of Ethics issued to me. In making this application for membership, I hereby waive all claims against the association, its officers, and all members arising out of any act in connection with the acceptance or rejection of this application, or of any action taken by the Board of Directors of the Association.

Classes of Membership: (Please circle the appropriate classification)

Active: Contractor

Associate: Supplier Manufacturer Architect Other _____

Name of Firm: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

State Registration Number: _____

Date of Company Established: _____

Roofing Systems Installed: (Contractors only) (Example; Residential, Commercial, Steep, Flat, Shingles, EPDM, Modified Bitumen, BUR, Metal)

Name(s) of Representative: _____

Title: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Spouse Name: _____

Sponsoring Member Information:

Name of Firm: _____

Name of Representative: _____

Please mail all applications to: Barb Hanson, Executive Secretary
Iowa Roofing Contractors Association
P.O. Box 490
Ames, Iowa 50010

*Be sure to file a certificate of insurance and payment check for yearly dues along with the application of membership.