



Iowa Roofing Contractors Association

Justin Sullivan, Esq. Executive Secretary
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Application for Membership

I hereby make application for membership in the Iowa Roofing Contractors Association. If elected to membership as an Active of Associate member, I agree to abide by all bylaws in force now 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, board members and general membership arising out of any act or inaction arising from this application for membership.

Class of Membership: (please circle one)

Active: Contractor

Associate: Supplier Manufacturer Architect Other: _____

Name of Firm: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

State Registration #: _____

Roofing Systems Installed: (please circle all that apply) commercial residential

Steep Slope Flat Single Ply BUR Modified Bitumen

Metal Shingles Shakes Slate Other _____

Name(s) of Representative: _____

Title: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Sponsoring IRCA Member: _____

Name of IRCA Member Representative: _____

Please Mail All Applications to: Justin Sullivan, Executive Secretary
Iowa Roofing Contractors Association, P.O. Box 42 Cumming, IA 50061

*Please include your proof of insurance and check for yearly dues to ensure membership consideration