



## KENTUCKY ROOFING CONTRACTORS ASSOCIATION

P.O. BOX 33323 • LOUISVILLE, KY 40232-3323  
TELEPHONE AND FAX: (502) 721-7898 • WWW.KRCA.ORG

### MEMBERSHIP APPLICATION

Firm Name: \_\_\_\_\_

Contact Individual: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Date Established: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

### MEMBERSHIP CATEGORY

*Please circle amount*

<b>Contractor Members</b>	<u>Previous Year's Sales</u>	
	Less than \$1 Million	\$375
	\$1 Million – \$3 Million	\$475
	More than \$3 Million	\$575

(Must include an original certificate of insurance)  
*First-year members may reduce first-year dues by \$100*

**Suppliers, Manufacturers, Independent Reps, Agents, etc.** \$475

*First-year members may reduce first-year dues by \$100*

**Affiliates, Architects, Engineers and Consultants** \$200

**Amount enclosed:** \$ \_\_\_\_\_

**Method of Payment:** (Personal checks and credit cards only.)

Personal check enclosed  Visa  MasterCard  American Express  Discover/NOVUS

Cardholder \_\_\_\_\_ Company \_\_\_\_\_ Occupation \_\_\_\_\_

Account number \_\_\_\_\_ Expiration date \_\_\_\_\_

Billing address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP code \_\_\_\_\_

Signature \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

*Please include payment with completed application and insurance certificate, if applicable, and mail to:*

**KRCA**  
**P.O. Box 33323**  
**Louisville, KY 40232-3323**