



**Iowa Roofing Contractors Association**

P.O. Box 1556  
Waterloo, IA 50704  
(319) 233-1132

## 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: Linda Schulte, Executive Secretary  
Iowa Roofing Contractors Association  
P.O. Box 1556  
Waterloo, Iowa 50704-1556

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