

ASSOCIATE MEMBERSHIP

MONTANA ROOFING CONTRACTORS ASSOCIATION
APPLICATION FOR ASSOCIATE MEMBERSHIP

Company

Name: _____

Address:

Phone: _____ FAX: _____

Name of Company Representative:

Check all that apply:

Manufacturer of Roofing Products

Distributor of Roofing Products

Architect or Consultant

Other _____

Annual Dues are: \$200.00 for Regular Members
\$100.00 for Trade Show Exhibitors

Amount Enclosed: _____

Signature:

_____ Date: _____

For Office Use Only

Date Received: _____ No. of Years a Member _____

Dues Received: _____ No. of Years an Exhibitor _____