



## Membership Application

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Company Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Website \_\_\_\_\_

### Membership Categories

- Visionary Founder....\$1,000,000
- Founder.....\$500,000
- Guarantor.....\$250,000
- Regent.....\$125,000
- Governor.....\$60,000

### Individual

- Individual.....\$60,000

### Service Providers

- < \$10 mil in annual sales....\$60,000
- \$10-30 mil in annual sales..\$75,000
- \$30 mil in annual sales.....\$125,000

### Local Distributor

- < \$15 mil in annual sales....\$60,000
- \$15-35 mil in annual sales..\$75,000
- \$35 mil in annual sales.....\$125,000

### Payment Terms

I will pay my pledge as follows:

- One-time Payment
- Annually over 5 years
- Annually over 10 years
- Please contact me regarding a billing plan

### Method of Payment

- Check enclosed (payable to The Roofing Alliance)
- American Express
- Visa
- MasterCard
- Discover/NOVUS

Credit Card Number \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

(Your signature authorizes the Roofing Alliance to charge your credit card for your pledge)

**\*Please return this form (with your check or payment instructions) to:**

Alison L. LaValley, CAE Executive Director  
 The Roofing Alliance  
 2 Pierce Place, Suite 1200  
 Itasca, IL 60143  
 Email: [alavalley@nrca.net](mailto:alavalley@nrca.net)

**International Bank Wire Transfer and ACH Information**

**Account Name:** National Roofing Foundation  
 dba / Roofing Alliance  
**Bank Name:** US Bank  
**Bank Address:** 9575 W Higgins Road,  
 Rosemont, Illinois, 60018 USA  
**Swift Code:** USBKUS44IMT  
**Account No:** 198192087866  
**IBAN/ABA No:** 071904779  
**Account Currency:** US Dollars