



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 _____

Exp. Date/CVV Code _____

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

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