



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

Service Providers

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

Local Distributor

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

Supporting Members

- Platinum....\$25,000
- Gold.....\$15,000
- Silver\$10,000

Payment Terms

I will pay my pledge as follows:

- One payment Annually over ___ 5 years ___ 10 years Please contact me regarding a billing plan

Method of Payment

Check enclosed (payable to The Roofing Alliance)

Please charge my credit card (check one):

- 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
 10255 W. Higgins Road, Suite 600
 Rosemont, IL 60018-5607
 Telephone: (773) 617-8259
 Email: alavalley@nrca.net