

EL PASO COUNTY ROOFING CONTRACTORS ASSOCIATION

Membership Application

Check one: ___ Contractor ___ Distributor ___ Associate

Company Name: _____

Physical Address: _____

Mailing Address: _____

Office Phone: _____ Fax: _____

Contact person: _____ Title: _____

Regional Building License #: _____ Type: _____

Insurance Agent: _____ Phone: _____

Workmen's Comp Policy #: _____

Liability Policy #: _____

Trade/supplier reference list (list three)

	Company	Address	Phone	Contact
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

Bank Reference

Bank: _____ Phone: _____

Address: _____ Contact: _____

Contractor - Client Reference (list three)

	Company	Address	Phone	Contact
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

Company Information:

Years in roofing business: _____ Years in El Paso County: _____

Number of employees: _____ 1-5 _____ 6-10 _____ 11-20 _____ 20+

Type of roofing that your company does: (check all that apply):

Residential _____ Commercial _____ BUR _____ Modified _____

Metal _____ Shakes _____ Composition _____ Tile _____ Other _____

Association Information:

Please list three (3) items that you would envision the El Paso County

Roofing Contractors Association doing for your company:

1) _____

2) _____

3) _____

Please list three (3) items that you would be willing to do to help build a strong roofing association:

1) _____

2) _____

3) _____

Mail or email this application and a copy of your insurance policies (List El Paso County Roofing Contractors Association as Certificate Holder) to:

El Paso County Roofing Contractors Association

P.O. Box 117

Colorado Springs, CO 80901

OR

cbmel@comcast.net