



MEMBERSHIP APPLICATION—2017

COMPANY _____

COMPANY REPRESENTATIVE _____

TITLE _____

MAILING ADDRESS _____

STREET ADDRESS _____

TELEPHONE _____

EMAIL _____

ROOFING CONTRACTOR MEMBERSHIP: \$325

COMMERCIAL RESIDENTIAL COMMERCIAL / RESIDENTIAL

MONTANA CONTRACTOR'S REGISTRATION # _____

OR

INDEPENDENT CONTRACTORS CERTIFICATE # : _____

BUSINESS ORGANIZATION: CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP
~ ENCLOSE PROOF OF BUSINESS LIABILITY INSURANCE CERTIFICATION—REQUIRED ~

NON-CONTRACTOR MEMBERSHIP: \$325

DISTRIBUTOR MANUFACTURER ARCHITECT/ENGINEER/ROOF CONSULTANT

ASSOCIATE MEMBER: \$100

OTHER (BUILDING OFFICIALS, STUDENTS, ETC.) SPECIFY _____

SIGNATURE _____ DATE _____

ALL APPLICATIONS ARE CONTINGENT UPON REVIEW OF THE BOARD OF DIRECTORS OF THE MONTANA ROOFING ASSOCIATION.

_____ CHECK ENCLOSED _____ VISA OR MASTERCARD ONLY

CARD # _____ EXPIRATION DATE: _____

SIGNATURE: _____

PLEASE MAIL COMPLETED APPLICATION WITH PAYMENT TO:
MONTANA ROOFING ASSOCIATION (MRA)
490 COBB HILL ROAD
BOZEMAN, MT 59718

ALL QUESTIONS OR REQUESTS FOR ADDITIONAL INFORMATION CAN BE DIRECTED TO MRA AT 406-580-4869 OR MONTANAROOFIGASSOC@GMAIL.COM