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# ASSOCIATE MEMBERSHIP APPLICATION

Name of Firm

Company Contact

Address

City

State

Zip Code

Telephone

Fax

Email

Website

Applicant Signature

Title

Date

(Optional) Recommended for CRSMCA membership by:

PLEASE SELECT VENDOR TYPE:

- Manufacturer       Distributor       Equipment       Independent Representative

BRIEF DESCRIPTION OF BUSINESS:

## ANNUAL MEMBERSHIP DUES ARE \$360; YEAR RUNS FROM 07/01 – 06/30

The above company has applied for Associate Membership in the Carolinas Roofing and Sheet Metal Contractors Association, Inc. (CRSMCA) and will do everything in their power to maintain the standards set and cooperate with fellow CRSMCA members in furthering the ideals and policies of CRSMCA. Annual Membership Dues (\$360) plus the cost of additional locations (\$50 each) must accompany this application.

Membership dues are deductible as an ordinary expense. However, the IRS requires CRSMCA to indicate, "Contributions/gifts to CRSMCA are not deductible as charitable contributions for Federal Income Tax purposes."

**METHOD OF PAYMENT:**

- Check enclosed       VISA/MasterCard       American Express

Credit Card No.

Expiration Date

CVV Code

Name (as it appears on card)

Signature

**OFFICE USE ONLY:**

Associate Group President Approval

Date

**ADDITIONAL MAILINGS**

List additional location to be published in the CRSMCA Membership Directory, receive the Carolinas Contacts magazine and other mailings (COST \$50 for each location)

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**1. Company Contact**

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Address

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City State Zip Code

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Telephone Fax

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Email Website

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**2. Company Contact**

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Address

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City State Zip Code

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Telephone Fax

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Email Website

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**3. Company Contact**

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Address

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City State Zip Code

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Telephone Fax

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Email Website