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# ASSOCIATE MEMBERSHIP APPLICATION

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Name of Firm

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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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Applicant Signature Title Date

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(Optional) Recommended for CRSMCA membership by:

PLEASE SELECT VENDOR TYPE:

- Manufacturer       Distributor       Equipment       Independent Representative

BRIEF DESCRIPTION OF BUSINESS:

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## ANNUAL MEMBERSHIP DUES ARE \$365; 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 (\$370) 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

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Credit Card No.      Expiration Date      CVV Code

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Name (as it appears on card)      Signature

**OFFICE USE ONLY:**

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Associate Group President Approval

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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