

# TRI-COUNTY ROOFING ASSOCIATION

## Membership Application

Post Office Box 5223, Oxnard, CA 93031-5223

Phone: (805) 278-0844, Fax: (805) 987-0639

Toll Free (888) 546-ROOF (7663)

www.tcra1.com

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Referred to TCRA by \_\_\_\_\_

Firm Name \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Website \_\_\_\_\_

State Contractor's License \_\_\_\_\_ Expires \_\_\_\_\_ Classification \_\_\_\_\_

Specialties \_\_\_\_\_

Experience in Construction Industry \_\_\_\_\_ years. Independent Contractor \_\_\_\_\_ years

Please return application with:

1. Check made to TCRA for \$175.00

Date \_\_\_\_\_ Firm Name \_\_\_\_\_

Signature \_\_\_\_\_

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(For Association Use Only)

Classification of Membership:

Regular  NS  Associate

Action on Application: Date \_\_\_\_\_ Approved  Disapproved