

Western States Roofing Contractors Association

Associate Membership Update

IF ALL INFORMATION IS CORRECT, PLEASE CHECK THIS BOX AND FAX BACK

Please update the following information. The updated information will be used for our records, membership listings, and on the WSRCA website www.wsrca.com. Your web site and email link directly from your online membership profile. Every associate member has a web profile.

Company Name _____
 Street Address _____ PO Box _____
 City _____ State _____ Zip _____
 Business Phone _____ Business Fax _____
 Web Site _____ Email _____

Contact Information:

Contact Name _____ Title _____
 Direct Phone _____ Email _____

Company Information:

- | | | |
|---|---|---|
| <input type="checkbox"/> Accessory Hardware | <input type="checkbox"/> Gutters | <input type="checkbox"/> Single Ply |
| <input type="checkbox"/> Apparel | <input type="checkbox"/> Industrial | <input type="checkbox"/> Skylights |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Institutional | <input type="checkbox"/> Slate |
| <input type="checkbox"/> APP Modified Bitumen | <input type="checkbox"/> Insulation | <input type="checkbox"/> Solar Materials |
| <input type="checkbox"/> SBS Modified Bitumen | <input type="checkbox"/> Insurance | <input type="checkbox"/> Sprayed Polyurethane Foam |
| <input type="checkbox"/> Cold-Applied BUR | <input type="checkbox"/> Metal Roofing | <input type="checkbox"/> Stone Coated Steel |
| <input type="checkbox"/> Hot-Applied BUR | <input type="checkbox"/> Penetration Seals/Coatings | <input type="checkbox"/> Supplier |
| <input type="checkbox"/> Chutes | <input type="checkbox"/> Publications | <input type="checkbox"/> Tapered Roofing Systems |
| <input type="checkbox"/> Computer Software/Services | <input type="checkbox"/> Roof Decks/Decking | <input type="checkbox"/> Testing Laboratories |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Roof Protection Board | <input type="checkbox"/> Tile - Clay/Cement |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Sales Representative | <input type="checkbox"/> Underlayment/Vapor Retarders |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Sealants/Adhesives/Paints | <input type="checkbox"/> Ventilations |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Shake & Shingles | <input type="checkbox"/> Walkway Pads |
| <input type="checkbox"/> Fasteners | <input type="checkbox"/> Sheet Metal | <input type="checkbox"/> Waterproofing |
| <input type="checkbox"/> Other/List: _____ | | |

Associate Classification: Please check one box only, your dues may change accordingly

- (A) Manufacturer of roofing, waterproofing or roof insulation
- (B) Roof equipment, supplies, accessories or specialty manufacturer
- (C) Area Distributor, Supplier of roofing materials
- (D) Consultants
- (E) Industrial, Institutional or Other
- (F) Architects and Engineers
- (G) Insurance

Thank you for your assistance. If you have any questions, please call the WSRCA at
(800) 725-0333 or (650) 938-5441

Please fax this form back to: (650) 938-5407

