



# 2020 RSMCA Membership Application

Please complete the entire form and submit with payment to address below.

Questions? Call 770-615-3751 or Email [info@rsmca.org](mailto:info@rsmca.org).

## ALL APPLICANTS *(Please print clearly)*

Company Name

Company Contact

Address

City State & Zip

Phone Fax

Cell

Email

Website

Other Association Memberships

Year Established *(Must have been in business at least one year)*

Company Description *(125 characters or less, please)*

## Contractor Members

<b>We perform:</b>	Commercial Contracting (Low Slope)
<i>(Please choose 1)</i>	Residential Contracting (Steep Slope)
	Both

<b>Work Specialties:</b> <i>(Please select your top 3)</i>	
Built Up Roofing	Sheet Metal
Metal	Single Ply
Shakes	Waterproofing
Shingles	Cold Process
Slate	Tile
Spray Polyurethane Foam	Modified Bitumen

**Sponsor:** Each Contractor member must be sponsored by a current RSMCA Contractor member and a current Associate member. Please name your sponsors here and we will contact them for verification.

Current RSMCA Contractor Member Name & Company

Current RSMCA Associate Member Name & Company

## Associate Members

<b>We sell to:</b> <i>(Please select all that apply)</i>	
Suppliers	Reps
Contractors	Consumers

<b>Business Classification:</b> <i>(Please select all that apply)</i>	
Manufacturer	Consultant
Manufacturer's Rep.	Business Services
Roofing Mtls. Distributor	Subcontract Services
Roofing Equipment Distr.	Other (specify)

**Sponsor:** Each Associate member must be sponsored by a current RSMCA member. Name your sponsor here and we will contact them for verification.

Current RSMCA Member Name & Company

## Payment:

**RSMCA membership dues (annual from join date): \$625**

Charge my:  Visa  MasterCard  Amex  Discover

Name on card:

Card Number:

Expiration:      ccv code:

Total to charge:

Signature:

Apply and pay online at [www.rsmca.org](http://www.rsmca.org), or mail check payable to RSMCA with this form to address below.

## Signature Required:

By submitting this form, I am applying for membership in RSMCA of GA and agree to abide by the rules and regulations of RSMCA, including its bylaws and other regulations enacted in accordance with the bylaws. I understand this application will be reviewed by the Board of Directors and membership is subject to their approval. I have reviewed the information contained in this application and confirm that it is correct to the best of my knowledge. Any incorrect or willfully misleading information supplied on the application may be grounds for revocation of membership.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_