

## **2024 Membership Application**

Email to info@garca.org or mail with check payable to GARCA with this form to address below.

Commercial Contracting (Low Slope) Residential Contracting (Steep Slope)

ALL APPLICANTS (Please print clearly)	Contractor Mem
	We perform:
	(Please choose 1)
Company Name	Work Specialties: (Pl
	Built Up Roofing
Company Contact	Metal
	Shakes
	Shingles
Address	Slate
	Spray Polyurethane F
City State & Zip	Sponsor: Each Contr GARCA Contractor men name your sponsors he
Phone Fax	Current GARCA Contrac
Cell	Current GARCA Associa
	Associate Membe
Email	We sell to: (Please sele
	Suppliers
	Contractors
Website	Business Classification
	Manufacturer
Other Association Memberships	Manufacturer's Rep.
other Association Memberships	Roofing Metals Distr.
	Roofing Equipment D
Year Established (Must have been in business at least one Company Description (125 characters or less)	e year) Sponsor: Each prosp GARCA member. Enter verification. Current GARCA Membe

Work Specialties: (P	lease sele	ct vour top 3)		
Built Up Roofing		Sheet Metal		
Metal		Single Ply		
Shakes		Waterproofing		
Shingles		Cold Process		
Slate		Tile		
Spray Polyurethane	Foam	Modified Bitumen		
		nber must be sponsored by a curre		
		current Associate member. Pleas		
name your sponsors he Current GARCA Contra		will contact them for verification.		
		er Name & Company		
	ers			
We sell to: (Please sele	ers	pply)		
	ers			
We sell to: (Please sele Suppliers Contractors	ers ect all that a	pply) Reps Consumers		
We sell to: (Please sele Suppliers Contractors Business Classification	ers ect all that a	pply) Reps Consumers		
We sell to: (Please sele Suppliers Contractors Business Classification Manufacturer	ers ect all that a	pply) Reps Consumers select all that apply)		
We sell to: (Please sele Suppliers Contractors Business Classification Manufacturer Manufacturer's Rep.	ers ect all that a on: (Please	pply) Reps Consumers select all that apply) Consultant		
We sell to: (Please sele Suppliers Contractors Business Classification Manufacturer Manufacturer's Rep. Roofing Metals Distr	ers ect all that a on: (Please	pply) Reps Consumers select all that apply) Consultant Business Services		
Contractors Business Classification Manufacturer Manufacturer's Rep. Roofing Metals Distr Roofing Equipment D	ers ect all that a on: (Please Distr.	pply)         Reps         Consumers         select all that apply)         Consultant         Business Services         Subcontract Services         Other (specify)		
We sell to: (Please sele         Suppliers         Contractors         Business Classification         Manufacturer         Manufacturer's Rep.         Roofing Metals Distr         Roofing Equipment I         Sponsor:       Each prosp         GARCA member.       Enter	ers ect all that a on: (Please Distr.	pply)         Reps         Consumers         select all that apply)         Consultant         Business Services         Subcontract Services         Other (specify)         mber must be sponsored by a current		
We sell to: (Please sele         Suppliers         Contractors         Business Classification         Manufacturer         Manufacturer's Rep.         Roofing Metals Distr         Roofing Equipment I         Sponsor:       Each prosp	ers ect all that a on: (Please Distr. pective mer r name bel	pply)         Reps         Consumers         select all that apply)         Consultant         Business Services         Subcontract Services         Other (specify)         mber must be sponsored by a currer ow here and we will contact them for the sponsored by a currer ow here and we will contact them for the sponsored by a currer or the sponsored by a		

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Payment:					
GARCA membership dues (annual from join date): \$700					
Charge my: 🗆 Visa 🗆 MasterCa	d 🗆 Amex 🗆 Discover	Name on card:			
Card Number:		Expiration:	ccv:	Total to charge:	
Signature:					

Signature Required:

By submitting this form, I am applying for membership in Georgia Association of Roofing Professionals (GARGA) and agree to abide by the rules and regulations of GARCA, 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
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