



**INDEPENDENT ROOFING CONTRACTORS
OF CALIFORNIA, INC.**

1408 W. Main St Ste D Ripon, CA 95366
ASSOCIATE MEMBER APPLICATION
 (Enclose Annual Dues* With Application)

Name of Firm:			
Address:			
Contact Person & Title:		Email:	
Phone Number :		Fax # :	
Description of Product and/ or Services:			
Please list any other organizations you may belong to:			

Check Appropriate Member Status:

Associate Class:	Dues Level*
A. Major Manufacturer, Insurance Broker	\$ 500
B. Local Supplier/ Service Vendor	\$ 500
C. Profession- Attorney/ CPA	\$ 500

Your Signature

Print Your Name Here

Date

Anniversary of application serves as renewal date.

MAIL APPLICATION TO : IRCC- 1408 W. Main St. Ste D Ripon, California 95366