



GEORGIA ROOFING CONTRACTORS ASSOCIATION

2021 Membership Application

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

ALL APPLICANTS *(Please print clearly)*

Company Name	
Company Contact	
Address	
City	State & Zip
Phone	Fax
Cell	
Email	
Website	
Other Association Memberships	
Year Established <i>(Must have been in business at least one year)</i>	
Company Description <i>(125 characters or less)</i>	

Contractor Members

We perform:	Commercial Contracting (Low Slope)
<i>(Please choose 1)</i>	Residential Contracting (Steep Slope)
	Both
Work Specialties: <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 GARCA Contractor Member Name & Company	
Current GARCA Associate Member Name & Company	

Associate Members

We sell to: <i>(Please select all that apply)</i>	
Suppliers	Reps
Contractors	Consumers
Business Classification: <i>(Please select all that apply)</i>	
Manufacturer	Consultant
Manufacturer's Rep.	Business Services
Roofing Metals Distr.	Subcontract Services
Roofing Equipment Distr.	Other (specify)
Sponsor: Each Associate member must be sponsored by a current GARCA member. Name your sponsor here and we will contact them for verification.	
Current GARCA Member Name & Company	

Payment:

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

Charge my: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> 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 _____