

Join El Paso County Roofing Contractors Association

THANK YOU for consideration to apply with the
El Paso County Roofing Contractors Association
Please fill out the following form and fax to
(719) 473-6694 attention Curt Lovett to apply

BECOME A MEMBER

ALL FIELDS REQUIRED

Check One: Contractor Distributor Associate

Company Name:

Email:

Physical Address:

City: State: Zip:

Mailing Address:

City: State: Zip:

Phone: Fax:

Contact: Title:

Regional Building License Num.:

Type:

Insurance Agent: Phone:

Workman's Comp Policy Num.:

Liability Policy Num.:

TRADE/SUPPLIER REFERENCE LIST (PLEASE LIST 3)

ALL FIELDS REQUIRED

Company1:

Contact: Phone:

Address:

City: State: Zip:

Company2:

Contact: Phone:

Address:

City: State: Zip:

Company3:

Contact: Phone:

Address:
City: State: Zip:

BANK REFERENCE
ALL FIELDS REQUIRED

Bank:
Contact: Phone:
Address:
City: State: Zip:

CONTRACTOR - CLIENT REFERENCE (PLEASE LIST 3)
ALL FIELDS REQUIRED

Client1:
Contact: Phone:
Address:
City: State: Zip:
Client2:
Contact: Phone:
Address:
City: State: Zip:
Client3:
Contact: Phone:
Address:
City: State: Zip:

COMPANY INFORMATION
ALL FIELDS REQUIRED

Years in roofing business: Years in El Paso County:
Number of employees: 1-5 6-10 11-20 20+
Type of roofing your company does (check all that apply)
 Residential Commercial BUR Modified
Metal Shakes Composition Tile Other

ASSOCIATION INFORMATION

Please list three (3) items that you would envision the El Paso County Roofing Contractors Association doing for your company:

1)

2)

3)

Please list three (3) items that you would be willing to do to help build a strong roofing association:

1)

2)

3)