



## TARC Membership Application

### Pre-Qualifications for Membership:

- Licensed
- Insured
- Drug Free Work Place
- Safety Program in Place
- Licensed / Insured / Bonded in the State of Tennessee

### Check the Appropriate Category:

- Licensed Contractor Member Dues \$425     Associate Member Dues \$425

Your signature is verification and affidavit that your firm meets these requirements for membership.

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person's Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Tennessee Contractor's License #: \_\_\_\_\_

2<sup>nd</sup> Contact Person: \_\_\_\_\_

2<sup>nd</sup> Contact Person's Email: \_\_\_\_\_

3<sup>rd</sup> Contact Person: \_\_\_\_\_

3<sup>rd</sup> Contact Person's Email: \_\_\_\_\_

We hereby apply for membership in the Tennessee Association of Roofing Contractors, Inc. We further agree to abide by the Code of Ethics, constitution and by-laws as published on the TARC website. I understand that I will immediately be eligible for Association benefits and that the Board of Directors must approve membership.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_