

Mid-Year 2020 Membership Application Package

Expires - September 30, 2020





Our Mission Statement

Here at the Roofing Contractors Association of Washington, we know that sometimes all it takes to change the industry is a little support. Since our founding in 1965, we have been determined to make an impact.

The core of our efforts is to bring fresh ideas, education, and passion to the range of activities we are involved in to support the roofing industry in Washington.

Through all our endeavors we hope to display the conviction of our mission to help every member find success and raise the roofing industry to new heights.

We want to be "Your Ladder to Success".™

Join Us - Today

All new memberships are ½ of full price if paid now and are good through December 31, 2020 or contractor members can choose our monthly billing feature and we auto-withdraw your low monthly payment each month to keep your overhead on an even keel. Whichever plan you choose do not delay in joining, the benefits of being a member are growing daily!

Why join the Roofing Contractors Association of Washington?

Membership in the

Roofing Contractors Association of Washington adds your company to a group of professionals and a trusted and respected brand that stands for quality and integrity since 1965.

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Negotiated Discounts







CleanTech Alliance







And so many more!!

WHAT'S IN IT FOR ME?

- Full Time Staff for 24/7 Help
- RCAW/CleanTech Healthcare Trust
- Dual Member with CleanTech Alliance
- membeR resourCe advantAge reWards
- Leadership Experience from Pros
- Mentorship Opportunities
- Networking with Industry Leaders
- Annual Trade Show (new format 2021)
- Social Events
- > Mariners
- > Salmon Derby
- > Golf Tournament
- > Holiday Gala & Toy Drive
- Technical Advice from Member Firms
- Safety Consultant & Courses
- Tool Box Talks
- First-Aid & CPR Training
- Legal Assistance Initial Visit Free
- Seminars & Webinars
- Legislative Representative in Olympia
- Listing on the RCAW Website
- Listing in The Guide
- Referrals to Property Owners
- Weekly Update
- Monthly Newsletter Magazine
- Community Outreach
- Sponsorship Opportunities
- NRCA Updates
- **NWIR Updates**
- Roofers Coffee Shop Partnership
- Membership Certificate
- Use of the RCAW Logo & Seal
- Window Sticker for Vehicles & Office

Meet your new RCAW Benefits

As a member of RCAW, you now have instant access to over 20 cost-cutting opportunities - made possible by a new partnership with **Savings4Members**.





Save up to 15% on 2020 Health Plans

Compare quotes from the RCAW/CleanTech Alliance Health Trust with your current provider. We make finding the right health plan for our members and their employees easy and painless.

Our RCAW/CleanTech Alliance Health Trust affords our members premium benefits at a lower cost – Premera Medical – several plans to choose from, Delta Dental, VSP Vision, Unum Life Insurance, Wellspring EAP. Attract and retain employees with benefits that rival larger companies – powerful benefits of your RCAW Membership. Not a member we can help with that too!





For More Information on the RCAW/CleanTech Alliance Health Trust call Stephen Roberts at 425-777-4646 or email him at stever@conoverinsurance.com



Mid-Year Member/Sponsor Application

Good June 1 – September 30, 2020

Mid-Year 1 Full Payment Dues Pricing (discount is reflected in price below)

Contractor Dues		Associate Member Dues		Sponsorship Program	IS (dues included)	
Based on Prior Year's Annual Sales		Third Party Support		See Media Kit for more Information		
Volume		Professionals	\$325.00	Palladium Sponsor	\$5,000.00	
\$00 - \$1 Million	\$225.00	Manufacturer Rep	\$325.00 🗌	Platinum Sponsor	\$2,500.00	
\$ 1 Million - \$3 Million	\$375.00	Distributor Single Facility		Gold Sponsor	\$1,750,00	
\$ 3 Million - \$7 million	\$475.00	Distributor Multi-Facility		Silver Sponsor	\$1,250.00	
\$ 7 million +	\$600.00	Manufacturer Member	\$700.00	Bronze Sponsor	\$ 750.00	
Company Information:						
Company Name: _						
Street Address: _						
Mailing Address: _						
Office Phone:	Cell Phone:					
Email Address: _		w	ebsite:		·	
Date Established: _	Contractor License					
	UBI Number					
PLEASE SEND CHECK OR FILL OUT CREDIT CARD INFORMATION BELOW						
Card Type:						
			Contr	actor Only		
Visa Mastercard	Discove	r American Expres	s Month	nly (CC required	d + contract)	
Cardholder Name (As Shown on the Card):						
Card Number:				_		
Expiration Date: CVV (3 digits on back or AMEX 4 digits on front):						
Billing Zip Code:						

Terms of Membership -

I/We understand that we are applying to join the RCAW mid-year so our membership/sponsorship we are requesting today is only good through December 31, 2020 and we will have to renew our membership at regular price (some discount may apply) on or before January 1, 2021, unless we area contractor on an auto-renewing monthly payment plan. Upon acceptance, I/We agree to abide by and uphold the standards, ideals, and policies established in the Bylaws, Code of Ethics, and the Mission Statement of the RCAW. Your dues payment is deductible as an ordinary and necessary business expense.

Signature:		Date:
Print Name:		
PLEASE Mail, E	mail, or Fax THIS APPLICATION AND PAYMENT TO:	
Mail To:	Roofing Contractors Association of Washington 1102 A Street, Suite 300-311 Tacoma, WA 98402 Attention: Member Services	
Email To: Fax To:	memberservices@rcaw.com 206-299-3962	
Representative	s of Company for Membership List	
Name:		Title:
Email:		Voting Member:
Name:		Title:
Email:		
Name:		Title:
Email:		
Name:		Title:
Email:		•
Name:		Title:
Email:		
Name:		Title:
Email:		
Name:		Title:
Email:		_



1102 A Street, Suite 300-311 – Tacoma, WA 98402 253-561-7229 – 253-561-9002 – Fax 206-299-3962 execdir@rcaw.com – tracey@rcaw.com

CREDIT CARD AUTHORIZATION FORM FOR MONTHLY DUES PAYMENT

Please complete all fields.

You may cancel this authorization in writing with 30-days' notice if you choose to switch to an annual membership dues payment, or leave the association.

This authorization will remain in effect until cancellation occurs.

CREDIT CARD INFORMATION				
Card Type:				
Visa Mastercard Discover Ar	merican Express			
Cardholder Name (As Shown on the Car	rd):			
Card Number:				
Expiration Date:	CVV (3 digits on back or AMEX 4 digits on front):			
Billing Zip Code:				
I,, aut charge the above credit card for my mont \$ 42.00 (Gross Sales less than 1 r	thly association dues at a rate of (c	_		
\$ 69.00 (Gross Sales 1 million – 3	• ,			
\$ 88.00 (Gross Sales 3 million - 7	' million annually)			
\$110.00 (Gross Sales >\$7 million a	annually)			
I understand that my information will be sabilled on or about the 15 th of each month.	aved in the RCAW's secure system	n. I understand I will be		
Member Signature	Company Name	Date		