



2021

Application Package





## **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 before the end of 2020 will include what is left of 2020 through December 31, 2021. 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!



# 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**.*

## 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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**memberR  
resourCe  
advantAge  
reWards**

### Negotiated Discounts



CleanTech Alliance  
WASHINGTON



**SAVINGS4MEMBERS™**

### WHAT'S IN IT FOR ME?

- Full Time Staff for 24/7 Help
- RCAW/CleanTech Healthcare Trust
- Dual Member with CleanTech Alliance
- memberR 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
  - > Bi-Annual Dinner Meetings
  - > 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 & Lunch & Learns
- Legislative Representative in Olympia
- Listing on the RCAW Website
- Listing in The Guide
- Referrals to Property Owners
- Weekly Update
- Quarterly News Magazine
- Community Outreach
- Sponsorship Opportunities
- NRCA Updates & Discounts
- WSRCA Updates & Discounts
- NWIR Updates
- Roofers Coffee Shop Partnership
- Membership Certificate
- Use of the RCAW Logo & Seal
- Window Sticker for Vehicles & Office

And so many more!!



## Save up to 15% on Employee Health Plans

Compare quotes from the partnership between the Roofing Contractors Association of Washington and the CleanTech Alliance with your current provider. This partnership makes finding the right health plan for our members and their employees easy and painless.

The partnership between the Roofing Contractors Association of Washington and the CleanTech Alliance affords RCAW members premium benefits at a lower cost, which include many premium Premera Medical Plans – Delta Dental Plans – VSP Vision - Unum Life Insurance – Wellspring EAP. As an employer you can create a benefit plan which will attract and retain employees with benefits that rival large companies because of the strength of the trust. In addition, because of the variety of plans, you can find something that fits almost any budget. The trust accommodates the smallest of employers too – all you need are 2 participating members in your company to qualify for any of the plans offered by the trust.

The partnership between the Roofing Contractors Association of Washington and the CleanTech Alliance also gives all RCAW Members a membership in both associations.

Meaning that your membership in the RCAW makes you an automatic member in the CleanTech Alliance, so there are no membership fees to access the health trust and you also have all the additional benefits available to any member of the CleanTech Alliance.

For more information and to schedule a quote

Call Stephen Roberts at 425-777-4646 or

email him at [steve@conoverinsurance.com](mailto:steve@conoverinsurance.com)

In addition to all the great benefits above – when purchasing your healthcare plan through our designated broker and RCAW Bronze Sponsor Conover Insurance – they are also going to supply your company with a free membership to KPA a cloud-based software platform to automate your safety compliance programs, improve safety and lower risk. This is a robust solution tailored for contractors, and just another benefit for our member companies.





# Member/Sponsor Application

2021 Full Year

Contractor Dues		Associate Member Dues		Sponsorship Programs (dues included)	
<b>Based on Prior Year's Annual Sales Volume</b>		<b>Third Party Support Professionals</b>		<b>See Media Kit for more Information</b>	
			\$650.00 <input type="checkbox"/>	Palladium Sponsor	\$10,000.00 <input type="checkbox"/>
\$00 - \$1 Million	\$450.00 <input type="checkbox"/>	Manufacturer Rep	\$650.00	Platinum Sponsor	\$5,000.00 <input type="checkbox"/>
\$ 1 Million - \$3 Million	\$750.00 <input type="checkbox"/>	Distributor Single-Site	\$1,000.00 <input type="checkbox"/>	Gold Sponsor	\$3,500.00 <input type="checkbox"/>
\$ 3 Million - \$7 million	\$950.00 <input type="checkbox"/>	Distributor Multi-Site	\$1,200.00 <input type="checkbox"/>	Silver Sponsor	\$2,500.00 <input type="checkbox"/>
\$ 7 million +	\$1,200.00 <input type="checkbox"/>	Manufacturer Member	\$1,400.00 <input type="checkbox"/>	Bronze Sponsor	\$1,400.00 <input type="checkbox"/>

## Company Information:

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

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

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

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Date Established: \_\_\_\_\_ Contractor License \_\_\_\_\_

UBI Number \_\_\_\_\_

## PLEASE SEND CHECK OR FILL OUT CREDIT CARD INFORMATION BELOW

Card Type:

Visa \_\_\_ Mastercard \_\_\_ Discover \_\_\_ American Express \_\_\_ Contractor Only  
Monthly \_\_\_ (CC required + 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 and we will have to renew our membership at regular price (some discount may apply) on or before December 31, 2021, unless we are a 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, Email, 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:        memberservices@rcaw.com**

**Fax To:            206-299-3962**

**Representatives of Company for Membership List**

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

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

Email: \_\_\_\_\_

Voting Member: \_\_\_\_

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

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

Email: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

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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 \_\_\_\_ American Express \_\_\_\_

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: \_\_\_\_\_

I, \_\_\_\_\_, authorize the Roofing Contractors Association of Washington to charge the above credit card for my monthly association dues at a rate of (check one)

\_\_\_\_\_ \$ 42.00 (Gross Sales less than 1 million annually)

\_\_\_\_\_ \$ 69.00 (Gross Sales 1 million – 3 million annually)

\_\_\_\_\_ \$ 88.00 (Gross Sales 3 million - 7 million annually)

\_\_\_\_\_ \$110.00 (Gross Sales >\$7 million annually)

I understand that my information will be saved in the RCAW's secure system. I understand I will be billed on or about the 15<sup>th</sup> of each month.

\_\_\_\_\_  
Member Signature

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

\_\_\_\_\_  
Date