



SMARCA, INC.

6200 Shingle Creek Pkwy, Suite 130
Brooklyn Center, MN 55430

MEMBERSHIP APPLICATION

I/WE HEREBY APPLY FOR MEMBERSHIP IN THE SHEET METAL, AIR CONDITIONING & ROOFING CONTRACTORS' ASSOCIATION OF MINNESOTA, NORTH DAKOTA & SOUTH DAKOTA, INC.

Members of the Association are required to contribute monthly, either as dues to SMARCA or as a contribution to the Sheet Metal & Roofing Industry Fund of the North Central Region through a Collective Bargaining Agreement(s), the applicable hourly rate for each hour worked by their sheet metal workers and/or roofers, in the various geographic areas represented by the Association. These contributions must total \$100 per year at a minimum. Contributions to the Roofing Industry Fund of Minnesota also count toward this minimum.

FIRM NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FEDERAL ID # _____

BUSINESS PHONE _____ FAX _____

E-MAIL ADDRESS _____ WEB SITE _____

FIRM'S REPRESENTATIVE TO SMARCA _____

REPRESENTATIVE'S CELL PHONE _____

PLEASE CHECK YOUR FIRM'S AREAS OF WORK FOR REFERRAL/PUBLICATION PURPOSES:

- | | |
|--|--|
| <input type="checkbox"/> HVAC Residential | <input type="checkbox"/> Architectural Sheet Metal |
| <input type="checkbox"/> HVAC Commercial | <input type="checkbox"/> Roofing/Re-roofing |
| <input type="checkbox"/> HVAC Industrial | <input type="checkbox"/> Shingling |
| <input type="checkbox"/> Service | <input type="checkbox"/> Waterproofing & Damp-Proofing |
| <input type="checkbox"/> Kitchen & Food/Beverage Equipment | <input type="checkbox"/> Metal Siding & Decking |
| <input type="checkbox"/> Manufacture S/M Specialties | <input type="checkbox"/> Pollution Control Systems |
| <input type="checkbox"/> Custom S/M Fabrication | <input type="checkbox"/> Design/Build Engineering Capabilities |
| <input type="checkbox"/> Testing & Balancing (TAB) | |

IF YOUR FIRM IS A METRO AREA FIRM, PLEASE CHECK THE ONE (1) PANEL YOUR FIRM CHOOSES TO AFFILIATE WITH FOR VOTING PURPOSES:

- | | |
|--|--|
| <input type="checkbox"/> Commercial/Industrial | <input type="checkbox"/> Architectural/Roofing |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Specialty (Includes Kitchen & Food/Beverage Dispensing Equipment) |

Signed: _____

Title: _____

Name: _____

Date: _____

(Please print)