



PURPOSE

UNITY

INTEGRITY

**SOUTHWEST FLORIDA ROOFING CONTRACTORS ASSOCIATION**

**P. O. Box 1446  
Ft. Myers, FL 33902**

**MEMBERSHIP APPLICATION**  
**CHAPTER 7**

**Annual Dues: \$195.00**

Renewal       New Member

Contractor Member       Associate Member

Sponsor: \_\_\_\_\_ FRSA Member     Yes     No

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

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

License Number: (if applicable) \_\_\_\_\_ Year Issued: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

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

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**I affirm representation of the above named company and agree to abide by the standards of the SWFRCA by-laws and ethical code. (Please review By-Laws & Code of Ethics on [www.swfrca.com](http://www.swfrca.com))**

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

**To pay by credit card, please fill out below:**  
*SWFRCA accepts Visa, MasterCard and American Express.*

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Amount: \_\_\_\_\_

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

If paying by check, please mail completed application and payment to:  
**SWFRCA, P.O. Box 1446, Ft. Myers, FL. 33902 or fax to: (239) 772-1670**