



Kansas Roofing Association
PO Box 4406
Lawrence, KS 66046
785.393.4478 • Fax 785.371.1281
www.kansasroofingassociation.org

MEMBERSHIP APPLICATION

Date: _____ Referred by (if applicable) _____

Contact Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____ Year Established _____

KS Roofing Registration Number (required for contractors) _____

Membership Category – Please Check One

Active Member

(Membership year is January-December; 1st year dues are paid in full with 2nd year dues pro-rated)

- Residential and/or Commercial Roofing Contractor - **\$575**
- Supplier of Services/Products, Distributor - **\$675**
- Manufacturer - **\$725**
- Branch – A Branch Location of a Residential or Commercial Contractor Member - **\$100**

If service provider or manufacturer, type of service provided or product(s) manufactured: _____

Payment Information

Amount Paid: _____

Check enclosed (payable KRA)

Credit Card Number: _____ Exp: _____

Name on Card: _____ CVV*: _____

*AMEX – 4 digit ID on front/MC & VISA – 3 digit ID on top right corner of back of card

Card Billing Address (If different than above) _____

Return form with payment to:

KRA • PO Box 4406 • Lawrence KS 66046 • Fax 785/371-1281 • Email: kansasroofing@sunflower.com