



MEMBERSHIP APPLICATION

Company Name: _____

Corporation Partnership Sole Proprietor Federal I.D. Number: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____ 800#: (_____) _____ - _____

Street Address (if different from mailing address) for UPS/FedEx:

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Email: _____ Website: _____

Company Description: _____

Number of Employees: _____

Primary Contact, Title

E-mail Address

Additional Contacts, Titles

E-mail Addresses

We the above named applicant(s) apply for membership as:

Producer

(To be a voting producer member, member must have a production facility in the U.S. or Canada. Dues calculations are established annually by the Board of Directors. Contact TRI for guidelines.)

Associate

(Associate memberships are non-voting. Please refer to the box at the right for classifications. Members will be assessed the highest dues classification for which they are eligible.)

I hereby warrant that I am an authorized representative of the above-named applicant and that as such I am authorized to execute this document on the applicant's behalf. In that capacity, I acknowledge and agree that by signing this application for TRI membership on behalf of the applicant, the applicant shall at all times remain liable for its annual TRI membership dues assessed and due through the fiscal year ending June 30. If applicant is joining during the fiscal year, the dues for year two of membership will be prorated. In consideration of TRI accepting this application for membership, the above-named applicant warrants that it shall abide by the terms and conditions of TRI's Bylaws and Statement of Policy Manual as they are currently written or as they may be amended in the future.

Company Sponsor: _____

Sponsor Contact: _____

Applicant Signature: _____

Title: _____ Date: _____

Please submit this application along with a check or credit card payment, in U.S. dollars, to the **Tile Roofing Institute**, 230 E. Ohio, Suite 400, Chicago, IL 60611, Fax: 312-644-8557.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex	
Card# _____	Exp. ____/____
Card Signature _____	Date ____/____



* Membership Classifications

Importer

Companies that manufacture clay or concrete tiles without production facilities in the USA or Canada and sell products within the USA or Canada. The products are required to meet producer product standards. Please contact the TRI for specific details. **US \$ 6,000**

Associate Supplier Membership

Available to persons or firms who supply products or services to the tile roofing industry. Dues are based on sales to North American Tile Roofing Industry.
0<\$500,000..... **US \$2,000**
>\$500,000..... **US \$4,000**

Associate Distributor Membership

Available to persons or firms doing business as distributors of tile roofing products. **US \$1,500**

Associate Contractor Membership

Available to persons or firms engaged in contracting service for the installation of tile. **US \$500**

Associate Professional Membership

Available to persons or firms who design or specify tile products. **US \$500**

Associate General Membership

Available to persons or firms who are not eligible for any other classification of membership but who have a legitimate interest in the tile roofing industry. . . . **US \$500**

* Membership Qualification: Membership in TRI is available to those individuals or firms involved in, or associated with, the manufacture, sale, regulation or promotion of tile roofing within North America, and as approved by the Board.