



S.C.L.R.A.
1861 S Patrick Drive
Box 129 Indian
Harbour Beach, FL 32937
SCLRA.Treasurer@gmail.com

Membership Application & Renewal Form

Yes, I want to join S.C.L.R.A! Yes, I want to renew my membership with S.C.L.R.A!

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Company Website: _____

Email: _____

State Certification or Registration No. _____

Would you like to purchase a SCLRA shirt, if so what size: _____ is needed & what color would you like: SCLRA Teal SCLRA Graphite White Other _____

Are you a member of: FRSA NRCA Other
 Roofing Contractor Supplier Manufacturer Sheet Metal Other

Please provide a brief statement of your company specialty(s):

By my signature below, I agree to abide by the bylaws and the code of ethics of SCLRA to maintain the highest of business standards and roofing quality in the best interest of the general public.

Signature: _____ Date: _____

Print Name & Title: _____

Annual Membership Fee - \$250.00

Payment Options:

Check: Checks made payable to: Space Coast Licensed Roofers Association.

Credit Card: Credit Cards swiped will acquire a 3% service fee.

To swipe, please contact the Treasurer.

Payments manually entered will acquire a 4% service fee.

Please complete and mail this packet along with your membership fee.



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Code of Ethics

- I will conduct my business in an ethical manner, so that it will reflect credit and confidence by the public in our industry, as well as in my own business.
- I consider my vocation worthy and dignified and thus affording a distinct opportunity to serve society.
- I hold that the exchange of my goods and services for a fair profit is legitimate and ethical, provided all parties in the exchange are benefited.
- I will exercise a high degree of care in the execution of all work and correct any defective work as a direct challenge to my ability and integrity.
- I will protect and defend the public from fraudulent and unethical practices affecting the roofing contractor industry.
- I will cooperate with and support this association in its effort to better conditions in the industry so that the public, management, and labor will mutually benefit.
- I agree to operate my business in accordance with the rules and regulations of constituted authority at all levels.

Submitted By: _____

Date: _____

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----- **OFFICIAL USE** -----

Sponsored By: _____

Date Voted On: _____

Accepted Not Accepted



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Credit Card Authorization Form

Please complete all fields.
You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other		
Cardholder Name:	_____		
(as shown on card):			
Card Number:	_____ - _____ - _____ - _____		
Expiration Date (mm/yy):	____ / ____		
Cardholder ZIP Code:	_____		
(from credit card billing address)			

I, _____, authorize *Space Coast Licensed Roofers Association (SCLRA)* to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

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