



UASRC Membership Application

Name: _____ Cell Phone #: _____ Email: _____

Company Name (Applicant): _____

Headquarters Street Address: _____

Main Company Phone #: _____ Company Web Site: _____ Date

Company was Incorporated: _____ State where Incorporated: _____

Please list all owners with at least a 10% ownership level in your company:

Owner's Name	Address	Phone #	Ownership %	Owner Since

Please list all the states that you have physical locations: _____

What UASRC member, or associate recommended you apply for membership? _____

Does your company operate under any other name than listed above? Yes No

If Yes, list each name and state they are operating in. _____

Sales volume This Year: _____ Last Year: _____ 2 Years Ago: _____

Please list any other groups or associations that your company is affiliated with:

Please list any industry awards and certifications you company has received (ie: GAF, Allied, SRS...):

Please enter the payment information and sign below. Then, submit the application by:

Email: info@uasrc.org • Fax: (888) 988-2772 • Mail: 100 Illinois St. Suite 200, St. Charles IL 60174

I understand that:

- A regular contractor membership is \$1,000.00 annually paid in either in full or in \$100 monthly payments.
- Membership automatically renews, and renewal dues will be automatically applied to listed credit card.
- Upon membership approval by the Board of Directors the remaining balance, minus any discounts, will be charged the card below. If monthly payments are selected, a charge of 1/12th of total of total annual balance per month (Plus a monthly processing fee of \$25.00). Regardless of payment option selected the amount due will be auto debited to the card listed below.
- I agree to abide by the UASRC Bylaws and understand that I will be required to provide copies of the following documentation upon request: (1) Proof of Liability Insurance (2) Company's Incorporation Certificate

Payment Options: Annual(default) Monthly

Card Type _____ #: _____ Exp: _____ CV#: _____

Name on Card _____ Billing Address: _____

Signature: _____ Date: _____