



# MSCA – Active Membership Application

## CONTRACTOR APPLICATION FOR ACTIVE MEMBERSHIP

Please return this completed form, with attachments to:

### MANITOBA SLOPED ROOFING ASSOCIATION INC.

1447 Waverley Street  
Winnipeg, MB R3T 0P7  
or email to [info@manitobaroofting.ca](mailto:info@manitobaroofting.ca)

The undersigned hereby applies for Active Membership in the ***Manitoba Sloped Roofing Association Inc.***

Owner/Contact name \_\_\_\_\_

Company name \_\_\_\_\_

Company Business Number \_\_\_\_\_

Workers Compensation Number \_\_\_\_\_

GST Number \_\_\_\_\_

#### **In applying for membership with MSRA I agree to:**

- offer a minimum two-year workmanship warranty to a maximum five years.
- comply with Association advertising guidelines of maximum ¼ page in the Winnipeg Yellow pages directory.
- follow the Association “Good Roofing Practices”
- follow the Association “Code of Ethics”
- abide by the Association “By-Law No. 1”

#### **As per membership criteria, I have attached:**

- Proof of COR (Certificate of Recognition) or SECOR (Small Employer Certificate of Recognition)
- Copy of front-page Liability Insurance showing \$1,000,000.00 coverage
- Letter of Confirmation from CSAM of current COR/SECOR designation
- A cheque in the amount of \$1,100.00 to cover the membership dues for current year



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Sponsorship must be received by three Active Members, of which at least one is a MSRA Board Member:

	NAME	COMPANY	SIGNATURE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please list three shingling jobs completed in the past two years:

	DATE	OWNER	ADDRESS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

The Board of Directors may inspect several jobs in progress to determine the qualifications of the applicant. Please see Membership Criteria Document for more information.

MSRA (none-refundable) APPLICATION FEE \$ \_\_\_\_\_ to be included with the application.

Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

MSRA ANNUAL MEMBERSHIP FEE \$ \_\_\_\_\_ to be paid upon acceptance into membership.

Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_