



SPACE COAST LICENSED ROOFERS ASSOCIATION, INC.

1861 S. PATRICK DRIVE, BOX 129 - INDIAN HARBOR BEACH, FL. 32937

Membership Application

Firm Name: _____

Owner/Representative Name: _____

Address: _____

Phone: _____ FAX: _____ Cell Phone: _____

Webpage: _____ Email Address: _____

Name of License Holder: _____

Home Address of License Holder: _____

State Certification # _____ exp. date _____

Or

County Registration # _____ exp. date _____

County Occupational License # _____

Municipality License _____ License # _____

Sponsored By: _____

Have any of the above licenses ever been suspended or revoked? Yes or No

If yes, explain with date of reinstatement : _____

How many years in business as a Roofing Contractor? _____

Name of person to be the voting representative for your firm _____

Home phone: _____ Mailing Address: _____

I agree to uphold the Code of Ethics as it is printed on the following page. I further agree not to represent this association in any capacity, including contact with the press, government officials or employees, or the general public without express permission of the Association' Board of Directors.