

**ROOFING CONTRACTORS ASSOCIATION OF NOVA SCOTIA
7 FREDERICK AVENUE,
Mount Uniacke, NOVA SCOTIA B0N 1Z0**

APPLICATION FOR MEMBERSHIP – ROOFING CONTRACTOR

Name of Roofing Firm: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Officers of Roofing Firm (Name three with titles)

1: _____

2: _____

3: _____

Date of Incorporation: _____

Name of Representative: _____

Two supportive sponsors (Must be Active Roofing Contractor Members of RCANS)

Sponsor's Name: _____

Address: _____ Phone: _____

Signature: _____

Sponsor's Name: _____

Address: _____ Phone: _____

Signature: _____

**Fees: Initiation Fee: \$ 1500.00 + HST = \$1725.00
Annual Fee: \$ 1250.00 + HST = \$1437.50**

Give a resume of the past activities of your firm

What is the scope of your operations in Nova Scotia as anticipated for the coming year?

Names of your suppliers of materials:

The Applicant must provide a list of three or more completed jobs in the past year

- 1: _____
- 2: _____
- 3: _____

The following certificates (copies) must be submitted with the application:

- 1: Insurance Liability
- 2: W.C.B. Certificate
- 3: Registry of Joint Stock Companies
- 4: Safety Certificate from Nova Scotia Construction Safety Association

Names of Foremen

Years of Experience

Corporate Seal:

Company Officer

Date of Application: _____