TILE ROOFING INSTITUTE

MEMBERSHIP APPLICATION

Company Name: _____

Corporation: Partnership: Sole Proprietor: Federal I.D. Number: _____

Mailing Address: _ _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____ **Country:** _____

Phone: (_____) _____-_____ Fax: (_____) _____-_____ 800#: (_____) _____-_____

Street Address (if different from mailing address) for UPS/FedEx:

Address: _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____ **Country:** _____

Email: _____ **Website:** _____

Company Description: _____

Primary Contact, Title **E-mail Address**

_____ _____

We the above named applicant(s) apply for membership as:

☐**Producer**

(To be a voting producer member, member must have a production facility in the U.S. or Canada. Dues calculations are established annually by the Board of Directors. Contact TRI for guidelines.)

☐**Associate**

(Associate memberships are non-voting. Please refer to the box at the right for classifications. Members will be assessed the highest dues classification for which they are eligible.)

I hereby warrant that I am an authorized representative of the above-named applicant and that as such I am authorized to execute this document on the applicant's behalf. In that capacity, I acknowledge and agree that by signing this application for TRI membership on behalf of the applicant, the applicant shall at all times remain liable for its annual TRI membership dues assessed and due through the fiscal year ending June 30. If applicant is joining during the fiscal year, the dues for year two of membership will be prorated. In consideration of TRI accepting this application for membership, the above-named applicant warrants that it shall abide by the terms and conditions of TRI's Bylaws and Statement of Policy Manual as they are currently written or as they may be amended in the future.

Company Sponsor:_____

Sponsor Contact:_____

Applicant Signature:_____

Title:_____ Date:_____

Please submit this application along with a check or credit card payment, in U.S. dollars, to the **Tile Roofing Institute**, 2150 N 107th Street, Suite 205, Seattle, WA 98133
Phone: 206-209-5300; Fax: (206) 367-8777.

Credit Card (*TRI accepts Visa, Mastercard and American Express)*

Card# _____ Exp. ____/___

Name on Card_____

Card Signature _____ Date ____/___

CVV:_____ **Billing Zip Code:**_____

* Membership Classifications

☐**Importer é é é é é é .$9,500 (US)**
Companies that manufacture clay or concrete tiles without production facilities in the USA or Canada and sell products within the USA or Canada. The products are required to meet producer product standards. Please contact the TRI for specific details.

☐**Associate Supplier**
Available to persons or firms who supply products or services to the tile roofing industry. Dues are based on sales to North American Tile Roofing Industry
0<$500,000. . . . . **US$3,500**
>$500,000. . . . . **US$4,500**

☐**Associate Distributor**
Available to persons or firms doing business as distributors of tile roofing products. . . . . .**US$1,500**

☐**Associate Contractor**
Available to persons or firms engaged in contracting service for the installation of tile. . . . . .**US$249**

☐**Associate Professional**
Available to persons or firms who design or specify tile products……..**US$500**

☐**Associate General**
Available to persons or firms who are not eligible for any other classification of membership but who have a legitimate interest in the tile roofing industry. . . . ……**US$500**