



# Membership Application - 2021-22

### SUPPLIER\*

**US \$6,500**

Persons or firms who supply products or services to the tile roofing industry. Dues are based on sales to North American Tile Roofing Industry.

### DISTRIBUTOR\*

**US \$6,500 - Gold**

More than 10 locations

**US \$2,000 - Silver**

10 or Less Locations

Persons or firms doing business as distributors of tile roofing products.

### CONTRACTOR\*

**US \$500**

Persons or firms engaged in contracting service for the installation of tile.

Includes one TRI Training class for one person (\$199 value)

### PROFESSIONAL\*

**US \$750**

Persons or firms who design or specify tile roofing products.

Includes one TRI Training class for one person (\$199 value)

### GENERAL\*

**US \$750**

Persons or firms not eligible for any other classification but have a legitimate interest in the tile roofing industry.

Includes one TRI Training class for one person (\$199 value)

\* Non-voting member classifications

Members will be assessed the highest dues classification for which they are eligible.

### TRI ALLIANCE

2150 N 107th Street  
Suite 205  
Seattle, WA 98133  
P 206-209-5300

E [info@tileroofing.org](mailto:info@tileroofing.org)  
[tileroofing.org](http://tileroofing.org)

Company Name

Corporation    Partnership    Sole Proprietor   Federal I.D. Number \_\_\_\_\_

Mailing Address

City \_\_\_\_\_ State/Province Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Street Address (if different from above) for UPS/FedEx

City \_\_\_\_\_ State/Province Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ 800# \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Company Description

Primary Contact

Title \_\_\_\_\_ Email \_\_\_\_\_

We the above-named applicant(s) apply for membership as (please check one)

Supplier\*    Distributor\*    Contractor\*    Professional\*    General\*

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 Alliance membership on behalf of the applicant, the applicant shall at all times remain liable for its annual TRI Alliance 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 Alliance accepting this application for membership, the above-named applicant warrants that it shall abide by the terms and conditions of TRI Alliance'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 Tile Roofing Industry Alliance, 2150 N 107th St, Suite 205, Seattle, WA 98133, or via email to [ROlson@tileroofing.org](mailto:ROlson@tileroofing.org).**

Check enclosed   Credit card:  Visa    MasterCard

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_