



MANITOBA SHINGLING CONTRACTORS ASSOCIATION INC.
BOX 103 ST. BONIFACE
WINNIPEG MANITONBA R2H 3B4
Tel: 795-1247 Fax: 783-6446
www.manitobashingling.ca marianboles@rcam.ca

APPLICATION FOR ACTIVE MEMBERSHIP

The undersigned hereby applies for Active Membership in the Manitoba Shingling Contractors Association Inc.

COMPANY _____

STREET ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

APPLICATION MADE BY: _____

SIGNED _____ DATE _____

TELEPHONE _____ FAX _____ EMAIL _____

Acceptance in Membership requires compliance with the Association By-Laws and Good Roofing Practices.

Sponsorship must be received by three Active Members, of which at least one is a Manitoba Shingling Contractor Association Board Member

	<u>NAME</u>	<u>COMPANY</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

List ten shingling jobs completed in the past 2 years.

DATE COMPLETED	OWNERS NAME	CONTACT #	ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The Board of Directors may inspect several jobs in progress to determine the qualifications of the applicant.

Manitoba Shingling Contractors Association Annual Dues of \$1,100.00 included herein:

YES_____ NO_____

December 15th, 2011