

Palm Beach County Roofing & Sheet Metal Contractors Association
2101 Vista Parkway; Suite 4001
West Palm Beach, FL 33411
561-655-5393 Fax 561-688-8807



Application Information

Name of Firm _____

Florida License Number _____

Street Address _____

Mailing Address (If Different) _____

City _____

Area Code and Phone Number _____

Area Code and Fax Number _____

Web Page _____

Email Address _____

Name of Contact Person At Firm _____

Nature of Business: Check More Than One if Applicable

Residential ___ New Construction ___ Re-Roof ___ Commercial _____

Workman's Compensation # _____ Liability Insurance Policy # _____

W/C Insurance Carrier Name _____ Liability Insurance Carrier. Name _____

(Circle One)

Contractor Supplier Distributor Manufacturer Other

Signature Date

DUES ARE \$350 ANNUALLY IF PAID IN ADVANCE (Please indicate method of payment)

Amount Enclosed with Application \$ _____ Charge my credit card for the full amount _____

Or, charge my credit card for \$125.00 per month for three months _____

Make Check Payable To PBCRSMCA and mail to above address

Or Pay By Credit Card:

(Circle One) Visa M/C AmEx Discover

Credit Card Number _____ Expiration date _____

Name on Card _____ Signature _____