

Palm Beach County Roofing & Sheet Metal Contractors Association

601 Heritage Drive Suite 448

Jupiter, Fl. 33458

561-855-1724

Email: byrnerroof@aol.com



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 ___ Other _____

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 \$400 ANNUALLY

Amount Enclosed with Application \$ _____

Male 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** _____ **Sec. Code** _____

Name on Card _____ **Signature** _____