



2024 Membership Application

Company: _____

MN License Number: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Website: _____

Main Classification (Required on all applications):

- | | |
|---|---|
| <input type="checkbox"/> Roofing Contractor - Residential | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Roofing Contractor - Commercial | <input type="checkbox"/> Claims Adjuster |
| <input type="checkbox"/> Contractor - Rain Gutter | <input type="checkbox"/> Distributor / Supplier |
| <input type="checkbox"/> Other Specialty Contractor: | _____ |

Contractors!
CONTRACTORS applying for CAM membership must also meet the following requirements to be eligible:

- 1) A valid Roofing or Contractor Business License on file with the Secretary of State of Minnesota for at least 3 years.
- 2) An "A" rating or better with the BBB
- 3) In good Standing with MN Department of Labor & Industry (DLI)

Services You Provide (Contractors Only)

- | | | |
|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> B.U.R. | <input type="checkbox"/> Wood Shingles/Shakes |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Insulation | <input type="checkbox"/> Tile & Slate Roofing |
| <input type="checkbox"/> Green Roofs | <input type="checkbox"/> Siding | <input type="checkbox"/> Gutters/ Sheet Metal |
| <input type="checkbox"/> Metal Roofs | <input type="checkbox"/> Single Ply | <input type="checkbox"/> Asphalt Shingles |

Dues Payment

Membership Dues are \$550 per calendar year for Contractor and \$1,000 per calendar year for Corporate Member.

(Dues will be pro-rated per month)

Please give credit card information or enclose a check made payable in full to "CAM" and mail with Application to:

CAM

PO Box # 270507

Vadnais Heights, MN 55127

☐ Visa ☐ Master Card ☐ Discover ☐ Amex

Credit Card # _____

Exp. Date: ____/____/____ 3-4 CID#: _____

Card Holder Billing Address: _____

Card Holder Billing City, State: _____

Card Holder Billing Zip Code: _____

Card Holder Name: _____

Signature: 

Date: 

Application Signature & Date:

The applicant hereby makes this application for membership in the Contractors Association of Minnesota (CAM). Applicant acknowledges that, by joining the CAM Applicant will agree to observe the Articles By-laws, Code of Ethics and Standards the CAM establish from time to time. Applicant agrees that in the event that the Applicant's membership is terminated for any reason, Applicant will immediately discontinue use of the logo, insignia, service mark, and trademarks of the CAM. Applicant hereby authorizes CAM to publish Applicant's name and, if applicable, the names of all the Applicant's principals. Applicant hereby authorizes CAM to verify the information contained in this application. Applicant agrees to hold the CAM and his/her membership harmless from any and all information supplied with respect to investigation. Applicant agrees to hold that the information contained in this application is true, accurate and complete and acknowledges that any false, inaccurate, or incomplete information can result in sanction against the applicant, including, but not limited to, termination of membership.

Signature: _____

Date: ____/____/____

Return Membership Application To: P.O. Box 270507 - Vadnais Heights, MN - 55127

Phone: (612) 554-2633

E-Mail: camnonline@gmail.com

Fax: (651) 407-1706

Website: www.camnonline.org