



North Bay NARI Roundtable Member

Company Name: _____

Social Security or FEIN: _____

Designated Representative: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Sponsor: _____

APPLICANT PROFILE *(for NARI use only; to be held in strict confidence)*

1. What is your industry involvement?

- Contractor
- Wholesaler/Supplier
- Lender
- Designer/Architect
- Utility
- Manufacturer
- Subcontractor
- Other (explain) _____

6. Date company was established: _____

7. Number of full-time employees: _____

8. Company type:

- Sole Proprietorship
- Partnership
- Closely-held Corporation
- Public Corporation

2. Please indicate your approximate percentage of dollar volume in each of the following areas:

_____ Residential repair/remodeling
 _____ Commercial/industrial remodeling
 _____ New construction
 _____ Other _____
 _____ Total (should equal 100%)

9. Please list other trade associations in which you hold membership:

10. Names of principals and officers of your company:

_____ Title _____
 _____ Title _____
 _____ Title _____

3. Area of Specialization: (total should equal 100%)

_____ % Roofing
 _____ % Insulation
 _____ % Kitchen/Bath
 _____ % Siding
 _____ % Replacement Windows
 _____ % General Remodeling
 _____ % Electrical
 _____ % Heating/AC
 _____ % Other _____

DUES

Local Member Dues	\$245.00
NARI National Dues	\$180.00
	=====
Total	\$425.00

4. Annual Sales Volume

_____ Up to \$500,000
 _____ \$500,000 - \$1 million
 _____ \$1 - 5 million
 _____ Over \$5 million

PAYMENT:

- Check VISA Mastercard

Card #: _____

Expiration Date: _____

Signature: _____

Date: _____

5. Have you previously held NARI membership?

- No Yes When? _____

ELIGIBILITY

Eligibility for NARI membership requires th at applicants actively engaged in the remodeling industry for at least one full year prior to application; applicants must conduct their business in compliance with the NARI Code of Ethics. Applicants agree to comply with the NARI bylaws.

- 1. Please indicate your state or local business license number: _____
- 2. Liability insurance company: _____ Policy # _____
- 3. Workers' comp. company: _____ Policy # _____

REFERENCES

- I. Bank Reference _____
 Contact _____ Address _____
 City _____ State: _____ Zip _____ Phone _____
- II. Customer Reference
 Contact _____ Address _____
 City _____ State: _____ Zip _____ Phone _____
- Customer Reference
 Contact _____ Address _____
 City _____ State: _____ Zip _____ Phone _____
- III. Trade Reference _____ Acct. _____
 Contact _____ Address _____
 City _____ State: _____ Zip _____ Phone _____

How did you hear about North Bay NARI Builders Roundtable?

ACKNOWLEDGMENT

I have reviewed the information contained in this membership application and confirm that this information is correct to the best of my knowledge. Application for membership authorizes NARI to conduct a credit and reference check subject to the Fair Credit Reporting Act and relevant public law. By applying for membership in the National Association of the Remodeling Industry (NARI) I agree to comply with the bylaws and Code of Ethics of the Association.

Signature _____ Date _____

SUBMISSION

Mail this application, with applicable dues to: c/o North Bay NARI
P O Box 1313
Novato, CA 94948