



# 2021NBN Application

Company Name: \_\_\_\_\_

Social Security or FEIN: \_\_\_\_\_

Designated Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 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 Chapter Dues	\$275.00
National Dues	\$240.00
New Member Administration Fee	\$ 50.00
	=====
Total	\$565.00

### 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: \_\_\_\_\_

### 5. Have you previously held NARI membership or are currently a member of another chapter?

No  Yes  When and where? \_\_\_\_\_

**ELIGIBILITY**

Eligibility for NARI membership requires that applicants actively engaged in the re modeling 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: North Bay NARI  
P.O. Box 1313  
Novato, CA 94948

Website: [www.NorthBayNARI.org](http://www.NorthBayNARI.org)  
Email: [build@northbaynari.org](mailto:build@northbaynari.org)