



# North Bay NARI Member 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 Member Dues	\$330.00
NARI National Dues	\$235.00
=====	
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 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:

North Bay NARI  
PO Box 1579  
Union City, CA 94587

Website: [www.NorthBayNARI.org](http://www.NorthBayNARI.org)

Email: [build@northbaynari.org](mailto:build@northbaynari.org)