



## MEMBERSHIP APPLICATION

Eligibility for membership **REQUIRES** that applicant: **1)** is actively engaged in the remodeling industry for at least one full year prior to application (or if under a year, ask about provisional member); **2)** is conducting his/her business in compliance with the NARI Code of Ethics; **3)** has current General or Professional Liability insurance; and **4)** if applicable, has Workers Compensation if have employees. **All contractors must be licensed appropriately with the State of California.**

**Applicants must conduct their business in compliance with the NARI Code of Ethics.** Applicants agree to comply with the NARI bylaws\*.

Company Name \_\_\_\_\_ Owner's Name \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If above is a P.O. Box, write physical address of business \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Month/Year business was established \_\_\_\_\_

Website: \_\_\_\_\_

Has this business been known by any other name? Yes  No  If yes, give details:

\_\_\_\_\_

Is this business incorporated? Yes  No  If yes, year incorporated \_\_\_\_\_

Who will normally attend chapter meetings?

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Tell us briefly about your company:

**APPLICANT FACTS (Confidential)**

- 1. Contractor  Specialty Contractor  Designer  Architect  Supplier  Lender   
Manufacturer  Other  (*if supplier, do you also do installations? Yes  No* )
- 2. Does your company have a showroom? Yes  No
- 3. Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Franchise \_\_\_\_\_ LLC \_\_\_\_\_ Other (list) \_\_\_\_\_
- 4. List other trade associations in which you hold membership:  
\_\_\_\_\_  
\_\_\_\_\_
- 5. a) Have you previously been a NARI member? Yes  No   
b) If so, what years? \_\_\_\_\_ Which chapter? \_\_\_\_\_  
c) How did you learn about NARI? Trade Press  Convention  Membership Promotion   
Other  I was personally referred by: \_\_\_\_\_

6. **Insurance**

Liability insurance company: \_\_\_\_\_ Policy # \_\_\_\_\_

Workers' comp. company: \_\_\_\_\_ Policy # \_\_\_\_\_

7. State Contractor's License Number (if applicable) \_\_\_\_\_ Classification \_\_\_\_\_

8. Have you, any of your principals or officers of your firm, ever:

a) Had past or pending legal complaints, judgments, tax liens or lawsuits? Yes  No

b) Been involved in a bankruptcy or made an assignment for the benefit of creditors? Yes  No

*(If any answer is checked "Yes", please attach a brief explanation)*

9. **Please list 2 Customer/Client References from the past 2 years:**

a) Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email address \_\_\_\_\_

b) Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email address \_\_\_\_\_

11. **Please list 1 Current Trade Credit Reference:** *(do not list credit cards)*

a) Name \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

Address & Zip \_\_\_\_\_ Acct.# \_\_\_\_\_



## MEMBERSHIP APPLICATION

### **\*The NARI Code of Ethics**

Each member of the National Association of the Remodeling Industry pledges to observe high standards of honesty, integrity and responsibility in the conduct of business by:

- Promoting only those products and services which are functionally and economically sound, and which are consistent with objective standards of health and safety;
- Making all advertising and sales promotion factually accurate, avoiding those practices which tend to mislead or deceive the customer;
- Writing all contracts and warranties such that they comply with federal, state and local laws;
- Promptly acknowledging and taking appropriate action on all customer complaints;
- Refraining from any act intended to restrain trade or suppress competition;
- Obtaining and retaining insurance as required by federal, state and local authorities;
- Obtaining and retaining licensing and/or registration as required by federal, state and local authorities;
- Taking appropriate action to preserve the health and safety of employees, trade contractors, clients and the public.

**I hereby agree to adhere to the NARI Code of Ethics (as stated above) at all times.**

**I have reviewed this application and confirm that all information is complete and correct to the best of my knowledge. I also attest that I am in compliance with the Code of Ethics contained in this application.**

**Owner's Signature** \_\_\_\_\_

Company \_\_\_\_\_

Date : \_\_\_\_\_

### **CHAPTER COMMITTEES**

You will become part of a network of professionals in communities across the country. Without your participation NARI Silicon Valley could not fulfill its commitment to helping our members enhance their professionalism, change the perception of the remodeling industry, and have a voice in government.

**Which chapter committee(s) would you like to join to offer your valuable contribution to the chapter? Please indicate your interest by use of checkbox(es) below. The committee chair will follow-up with you after approval of your membership.**

- Education  
 Membership  
 Programs

- Sponsorships  
 Public Relations

**List order of committee preference (e.g. 1- Education, 2-Programs)** \_\_\_\_\_

## APPLICATION & MEMBERSHIP DUES PAYMENT INFORMATION

Application Processing Fee (non-refundable)	\$ 50.00
Annual Membership Dues	\$ 535.00
<b>Total Membership Dues:</b>	<b>\$ 585.00</b>

***Note:** NARI membership dues are not deductible as a charitable contribution but may be deductible as an ordinary business expense. To the extent that NARI engages in lobbying, \$13 of dues are not deductible as an ordinary and necessary business expense.*

**Ask about our Annual Sponsorship Opportunity to get more business exposure and access to more member benefits!**

*\*Note:* If your company is also a member of another NARI chapter or a National NARI member, please email for the dues amount.

**To pay by credit card:** you can request an e-invoice from the North Bay NARI Office at [build@northbaynari.org](mailto:build@northbaynari.org).

**To pay by check:** mail application with check to North Bay NARI, PO Box 1579, Union City, CA 94587