



NATIONAL ASSOCIATION OF
THE REMODELING INDUSTRY

Remodeling Done Right.™

Member Application

For NARI office use only

Date Rcvd HQ office _____

☐ Approved ☐ Not Approved (check one)

Date Posted National Office _____

☐ BBB Report attached

Application for non-chapter members only.

Completed application and payments can be sent:

Electronically: Complete and select submit button on the second page.

By Mail: NARI – PO Box 4250 Des Plaines, IL 60016

By Fax: 847-298-9225

ELIGIBILITY for NARI membership requires that the company be 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.

Company Name: _____

Primary Representative: _____ Email Address: _____

Title: _____ Website: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Cell Phone: _____

List other company representatives to receive direct communication from NARI (*use separate sheet if necessary*).

Representative Name: _____ Email Address: _____

Representative Name: _____ Email Address: _____

State or local contractor license/business license/registration number: _____

Date company was established: _____

Liability insurance company and policy number: _____

Do you hold a state or federal RRP Certification? ☐ Yes ☐ No If yes, what is your certification number? _____

Issuing State (*if applicable*): _____

Date Certified (*Attach copy of certificate to this application*): _____

Please answer all of the following:

1. What is your industry involvement?

☐ Contractor ☐ Wholesaler/Supplier ☐ Lender ☐ Designer/Architect ☐ Utility

☐ Manufacturer ☐ Subcontractor ☐ Other (*explain*): _____

2. Has/does the applicant or any company owned by applicant's owner(s), or any of applicant's owner(s), directors, officers, managing employees or qualifying person:

☐ Yes ☐ No a. Previously held a NARI membership?

☐ Yes ☐ No b. Ever been convicted of a crime or been involved in any incident where physical harm, threats toward another person or sexual assault occurred?

☐ Yes ☐ No c. Have any mechanics liens or lien foreclosures (*excluding pre-lien notices*) filed against any of your projects remained unresolved for longer than one year?

☐ Yes ☐ No d. Ever been a principal or officer of a building or remodeling business whose contractor's license has been revoked, suspended or denied?

☐ Yes ☐ No e. Have any unsatisfied judgments?

- ☐ Yes ☐ No f. Filed for bankruptcy or protection from creditors within the last 5 years?
☐ Yes ☐ No g. Had any formal administrative action taken by any local, state or federal authority against your business and/or your state contractor license?
☐ Yes ☐ No h. Have any unresolved issues with the Better Business Bureau?

If you answered "Yes" to any of the questions listed above, please provide a detailed written explanation, including but not limited to, the identity of the person or company involved, and how the matter was resolved or will be resolved if pending.

Please review this application to ensure that all information is complete and correct. Credit Card information must accompany this application. Application to NARI grants NARI permission to conduct a credit check in compliance with the Fair Credit Reporting Act (www.ftc.gov/os/statutes/fcrajump.shtm) and relevant public laws. Membership is provisional and is subject to approval.

NARI Code of Ethics

Each member of the National Association of the Remodeling Industry agrees to comply with the NARI bylaws and is pledged to observe high standards of honesty, integrity and responsibility in the conduct of business:

- By promoting in good faith only those products and services which are known to be functionally and economically sound, and which are known to be consistent with objective standards of health and safety
- By making all advertising and sales promotion factually accurate, avoiding those practices which tend to mislead or deceive the customer
- By writing all contracts and warranties such that they comply with federal, state and local laws
- By promptly acknowledging and taking appropriate action on all customer complaints
- By refraining from any act intended to restrain trade or suppress competition
- By attaining and retaining insurance as required by federal, state and local authorities
- By attaining and retaining licensing and/or registration as required by federal, state and local authorities
- By taking appropriate action to preserve the health and safety of employees, trade contractors and clients

ACKNOWLEDGMENT

I have reviewed the information contained in this membership application and confirm that this information is correct to the best of my knowledge and attest that I am in compliance with the Code of Ethics printed herein, and agree to comply with the Bylaws and Code of Ethics of the Association in the future.

Signature: _____ Date: _____

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, 10 percent of dues are not deductible as an ordinary and necessary business expense.

NARI Membership Dues: \$500

Payment Type: ☐ Credit Card (Please complete form below) ☐ Check # _____

Please Complete For Credit Card Payments

☐ Visa ☐ MasterCard ☐ American Express

Card Number: _____ Exp: _____ CVV: _____

Amount Authorized: _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____