



## MEMBERSHIP APPLICATION

Completed application and payments can be sent:  
**Via Mail:** NARI – 700 Astor Lane, Wheeling, IL 60090  
**Via Fax:** 847-298-9225  
**Via Email:** [membership@nari.org](mailto:membership@nari.org)  
**Phone:** 847-298-9200

**For NARI office use only**

Date Rcvd NARI office \_\_\_\_\_  
Approved Not Approved (check one)  
Date Posted NARI office \_\_\_\_\_  
BBB report attached \_\_\_\_\_

If you were referred by a NARI member please list them below:

Referrer's Name: \_\_\_\_\_

Referrer's Company: \_\_\_\_\_

I was not referred by a NARI member

**ELIGIBILITY** for NARI National membership requires that applicants be actively engaged in the remodeling industry. Applicants must conduct their business in compliance with the NARI Code of Ethics. Company employees can also enjoy the benefits of NARI National membership.

Have you previously held a NARI membership?      Yes      No

Primary Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ Zip: \_\_\_\_\_

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

**List all representatives to receive NARI member benefits** (use separate sheet if necessary)

Representative Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Representative Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Representative Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Representative Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Company Type: \_\_\_\_\_ Contractor/License # (if required by jurisdiction) \_\_\_\_\_

State or local business license/registration number: \_\_\_\_\_ State of incorporation \_\_\_\_\_

Date company was established: \_\_\_\_\_ Liability insurance company and policy number: \_\_\_\_\_

**Please answer ALL of the following** (for NARI use only):

**1. What is your industry involvement?**

**2. Other trade association memberships:**

**3. Customer References** (job completion must be within the last 18 months)

Name: \_\_\_\_\_ Project Completion Date: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Project Completion Date: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Project Completion Date: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

# MEMBERSHIP APPLICATION

(Continued)

## 4. Supplier/Credit References

Application for membership authorizes NARI to conduct a credit and reference check subject to the Fair Credit Reporting Act and relevant public law. Applicant also understands that membership is subject to acceptable Better Business Bureau report, or other reporting agencies and that information may be collected from them.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## 5. 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:

- |  |     |    |
|--|-----|----|
| a. Ever been convicted of a crime or been involved in any incident where physical harm or threats toward another person or sexual assault occurred?                      | Yes | No |
| b. Have any mechanics liens or lien foreclosures (excluding pre-lien notices) filed against any of your projects that have remained unresolved for longer than one year? | Yes | No |
| c. Ever been a principal or officer of a building or remodeling business whose contractor's license has been revoked, suspended or denied?                               | Yes | No |
| d. Have any unsatisfied judgments?   | Yes | No |
| e. Filed for bankruptcy or protection from creditors within the last 5 years?  | Yes | No |
| f. Had any formal administrative action taken by any local, state, or federal authority against your business and/or your state contractor license?                      | Yes | No |
| g. Have any unresolved issues with the Better Business Bureau?   | Yes | No |

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.

# MEMBERSHIP APPLICATION

(Continued)

Please choose **UP TO 10** specialties for your company.

These keywords will help consumers find you when searching the NARI Directory at [remodelingdoneright.com](http://remodelingdoneright.com).

**NOTE: IF YOU SELECT MORE THAN 10, only the first ten terms alphabetically will be displayed online.**

Accessible Products/Services	Green Remodeler	Realtors
Additions	Green Remodeling Consultant	Recycling
Air Duct Cleaning	Gutters	Remodeling Contractor
Appliance Services	Handyman Services	Renovation
Appliances	Hazardous Materials Removal	Rentals
Architectural Design	Heating Air Conditioning Contractor	Residential & Commercial Remodel
Asbestos Removal	Home Décor	Residential Remodeling
Audio Visual	Home Performance Diagnostics	Restoration
Awnings/Canopies	Home Technology Budgeting	Roofing
Bank	Home Technology Directory	Roofing Contractor
Basement Remodeling	Home Technology Products & Services	Room Additions
Baths	Home Theater	Safety
Brick/Stone	Inspector	School
Brick/Stone/Marble/Granite	Insulation	Security
Building Materials/Supplies	Insulation Contractor	Sheds
Business Services/Consulting	Insurance	Siding
Cabinet Installer	Interior Design	Siding Contractor
Cabinets	Interior Design Showroom	Skylight
Cabinets - Refacing	Kitchens	Software
Caulks/Sealants	Kitchens/Baths	Solar
Chimneys	Landscapers	Specialty Contractor
Closet Design & Install	Lead Check Kits	Stains
Commercial Remodeling	Legal Services	Stair Systems
Concrete Services	Lighting Contractor	Stairs/Newels/Balusters
Countertops	Lighting/Lighting Controls	Storage
Decks & Patios	Manufacturer	Stucco
Delivery Service	Marble & Stone	Sunrooms
Demolition/Deconstruction	Marketing Services	Television
Design Firm	Masonry Contractor	Tile
Design/Build	Media	Tile Contractor
Disaster Recovery Services	Metal Fabrication	Tools
Doors	Millwork	Training Institution
Drywall	Mold	Tree Service
Earthquake Protection	Mortgage	Universal Design Remodeler
Education	Moulding	Vacuum Systems
Electrical Services	Mudjacking	Vehicles/Truck/Car/Dealership
Elevators	Non-Profit Home Building	Ventilation
Engineer	Other	Video Productions
Environmental Hazards Training Provider	Outdoor Living/Kitchens	Waste Disposal
Excavation Services	Paint & Finishes	Water Damage
Fasteners	Painting	Water Purification
Fence	Patios	Waterproofing
Financial Services	Paving	Wholesaler
Fireplaces	Pest Control	Wholesaler-Marble & Granite
Flooring	Photography	Window Coverings
Foundations	Plumbing	Window Manufacturer
Franchisor	Plumbing Contractor	Window Treatments
Furniture	Pools	Windows
Garage Doors	Porches	Windows/Doors
Glass	Professional Services	Wine Cellars
Graphic Design & Printing	Publisher	Wood
Green Designer/Consultant	Radio Station	
Green Products	Railings	

# MEMBERSHIP APPLICATION

(Continued)

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.shtml](http://www.ftc.gov/os/statutes/fcrajump.shtml)) 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, clients and the public

## ACKNOWLEDGMENT

NOTE: This application is used internally, and we do not sell or share your information with anyone. The information contained on this membership application is correct to the best of my knowledge and I authorize NARI to verify all information. Any incorrect or willfully misleading information supplied on this membership application will be grounds for denial or revocation of membership. As an applicant, we shall not indicate through any form of advertising or publicity that we are members of NARI until notification that our application is approved. Applicants are not charged until approved. All approved NARI membership fees are non-refundable. Upon approval for membership, we agree to abide by the rules and regulations of NARI, by its Code of Ethics, bylaws and other regulations enacted by the Board of Directors and/or as defined in the bylaws. I also understand that work on any residential structure built prior to 1978 requires lead paint certification, and that I am in compliance with the EPA if taking on this type of work.

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: NARI National membership dues are not deductible as a charitable contribution but may be deductible as an ordinary business expense.

**NARI National Membership Dues: \$500.00**      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: \_\_\_\_\_

Signature: \_\_\_\_\_

## COMPLETED APPLICATION & PAYMENTS CAN BE SENT:

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