



NARI MEMBERSHIP APPLICATION

ELIGIBILITY for NARI membership requires that applicants 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. Membership in NARI will be pending Board approval and an ethics review. Should membership be denied, the membership fee will be refunded.

COMPANY INFORMATION

Company Name _____

Designated Representative _____

Title _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell phone _____

Fax _____ Email _____

Web site _____ Year company was established _____

Have you previously held NARI Membership?

No Yes When? _____

| |
|-------------------------------------|
| Who recommended you to NARI? |
| Name _____ |
| Company _____ |

Additional staff to be included on the email distribution list for NARI Metro DC information.

Name/Title _____

Email _____

Name/Title _____

Email _____

Name/Title _____

Email _____

Do any of the principals of the company operate or trade under any other name in the construction field?

NO YES (If yes, please attach an explanation to this application)

MEMBERSHIP CATEGORY (choose one)

- Local Remodeler (contractors and subcontractors)
- Local Vendor *Vendors please specify:*
 - Supplier/Manufacturer Professional/Service

Indicate existing national or local membership:

- We are a local branch of a national firm that already has a NARI National Membership
- We are already a member of another local NARI Chapter (which one? _____)

What are your top three reasons for wanting to join NARI?

- Educational programs and resources
- Certification
- Regulatory information
- Networking
- Business referrals
- Supporting the industry
- Enhancing your company's reputation
- Other _____

ETHICS (all applicants)

Have you/your company ever been subject to disciplinary action by any state with respect to your license? Any pending complaints?

NO YES (If yes, please attach an explanation to this application)

Have there been formal complaints filed with any other trade associations against you/your company?

NO YES (If yes, please attach an explanation to this application)

Are there any pending lawsuits against you/your company?

NO YES (If yes, please attach an explanation to this application)

Have there been any judgments against you/your company in the last 5 years?

NO YES (If yes, please attach an explanation to this application)

COMPANY INFORMATION

LICENSING

Contractors must provide type(s) and number(s) of license(s):

VA Lic. Type _____ # _____

Please provide photocopies of license(s) with your application.

INSURANCE

Liability insurance company _____

Policy # _____

Please have your insurance provider send NARI Central VA a certificate of insurance for your company.

COMPANY DATA

(Information specific to your company will be kept in strict confidence.)

How many projects does your firm complete per year?

What is your gross annual revenue?

ONLINE PROFILE

Upon acceptance, we will create a profile for your company in our searchable online directory. Consumers and other members will be able to find you based on your specialty.

CHOOSE ONE of the specialties from the list on the right as your primary specialty. Once your membership is approved you will have the opportunity to purchase additional specialties online.

SPECIALTIES

CONTRACTOR SPECIALTIES

- | | |
|---------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Addition | <input type="checkbox"/> Handyman |
| <input type="checkbox"/> Air Condition / Heating | <input type="checkbox"/> Home Entertainment/ Audio/ Video |
| <input type="checkbox"/> Bath | <input type="checkbox"/> Home Inspections |
| <input type="checkbox"/> Carpentry Contractors | <input type="checkbox"/> Home Security |
| <input type="checkbox"/> Ceramic Tile Installation | <input type="checkbox"/> Insulation |
| <input type="checkbox"/> Closets | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Drywall / Plaster | <input type="checkbox"/> Landscape |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Energy Mgt. / Installation | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Design / Build | <input type="checkbox"/> Pool / Spa |
| <input type="checkbox"/> Fire / Water Restoration | <input type="checkbox"/> Roofing / Siding |
| <input type="checkbox"/> Flooring / Carpet Installation | <input type="checkbox"/> Solar |
| <input type="checkbox"/> General | <input type="checkbox"/> Waterproofing |
| <input type="checkbox"/> General Masonry | <input type="checkbox"/> Window Installation |
| <input type="checkbox"/> Green Building | |

SPECIALTY CONTRACTORS

- | | |
|----------------------------------------|----------------------------------|
| <input type="checkbox"/> Waterproofing | <input type="checkbox"/> Windows |
|----------------------------------------|----------------------------------|

SUPPLIER/MANUFACTURER SPECIALTIES

- | | |
|----------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Kitchen / Bath Fixtures |
| <input type="checkbox"/> Building Supplies | <input type="checkbox"/> Lighting / Electrical |
| <input type="checkbox"/> Cabinets | <input type="checkbox"/> Lumber |
| <input type="checkbox"/> Ceramic Tile / Marble / Granite | <input type="checkbox"/> Media/Home Electronics |
| <input type="checkbox"/> Countertops/Solid Surfaces | <input type="checkbox"/> Moulding / Millwork |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Mobile Storage |
| <input type="checkbox"/> Elevators / Stairlifts | <input type="checkbox"/> Paint and Supplies |
| <input type="checkbox"/> Fireplaces | <input type="checkbox"/> Plumbing Supplies |
| <input type="checkbox"/> Flooring / Carpet | <input type="checkbox"/> Roofing / Siding Supplies |
| <input type="checkbox"/> Garage Doors | <input type="checkbox"/> Recycled Building Supplies |
| <input type="checkbox"/> Glass / Mirrors / Windows | <input type="checkbox"/> Staircases / Rails |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> Window Coverings / Shutters |

PROFESSIONAL SERVICES SPECIALTIES

- | | |
|--------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Advertising / Marketing | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Arborist | <input type="checkbox"/> Interior Design |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Labor/Staffing |
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Landscape Architect |
| <input type="checkbox"/> Coaching / Consulting | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Computer / Software | <input type="checkbox"/> Lighting Consultant |
| <input type="checkbox"/> Design | <input type="checkbox"/> Photography Services |
| <input type="checkbox"/> Draftsman | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Storage/Removal/Dumpster |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Surveyor |
| <input type="checkbox"/> Inspection Services | |

TRADE REFERENCES

Please provide two. If you are a supplier or manufacturer, please provide general references.

1)
 Name _____
 Company _____
 Phone _____ Fax _____
 Email _____
 Address _____
 City _____ State _____ ZIP _____

2)
 Name _____
 Company _____
 Phone _____ Fax _____
 Email _____
 Address _____
 City _____ State _____ ZIP _____

DUES

A. LOCAL DUES \$395

B. NATIONAL DUES \$235

TOTAL DUE \$ _____

PAYMENT

Payment will be made by

PayPal Check (Make check payable to NARI Central VA)

Card # _____

Exp Date _____ Security Code _____

Signature _____

ACKNOWLEDGMENT

Please review this application to ensure that all information is complete and correct. Dues must accompany this application when returned to the NARI Chapter. Please retain a copy for your files. Chapter membership is provisional according and subject to approval of the NARI Chapter Board of Directors.

Membership dues of \$160 for NARI National are collected by the chapter and remitted directly to the national office. Dues are not deductible as a charitable contribution; however, your dues may be deductible as an ordinary and necessary business expense in accordance with the Omnibus Reconciliation Act of 1993. No portion of local Chapter dues is used for lobbying.

I have reviewed the information contained in this membership application and confirm that the 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 laws. By applying for membership in NARI, I agree to comply with the Bylaws and Code of Ethics of the Association.

I hereby affirm that my company is in good standing with all state and local licensing laws.

Signature _____ Date _____

Remit to:

NARI Central VA Chapter
 P.O. Box 11415
 Richmond, VA 23230

Telephone (804) 641-1438

Email info@naricentralva.org

Website http://www.naricentralva.org