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E-mail: info@nari-ny.org

Company Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____
E-mail _____ Website _____
Designated Representative _____ Title _____
Date Company was Established _____
Sponsor _____

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
____ Other _____ Subcontractor
(explain) _____
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%)
3. Area of Specialization: (total should equal 100%)
____ % Roofing _____ % Replacement windows
____ % Insulation _____ % General remodeling
____ % Kitchen/bath _____ % Electrical
____ % Siding _____ % Heating/AC
____ % Other (explain) _____
4. Have you previously held NARI membership?
____ No _____ Yes
When? _____
5. Please list other trade associations in which you hold membership: _____

6. Names of principals and officers of your company:
Name _____
Title _____
Home Phone _____
Name _____
Title _____
Home Phone _____
Name _____
Title _____
Home Phone _____

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. Applicants agree to comply with the NARI bylaws. Note: Membership dues are deductible as ordinary and necessary business expenses. Contributions to the National Remodeling Foundation are deductible as charitable contributions.

Are there any complaints, judgments or suits pending against you/your company from the Attorney General or Consumer Affairs?

PLEASE LIST _____

•••BLURB (How do you want to be introduced) Tell us a little about yourself.

1. Please indicate your state or local business license number: _____

2. Liability Insurance Company: _____ Policy #: _____

3. Workers' Comp. Company _____ Policy #: _____

I. Bank Reference _____ Acct. # _____

Contact _____ Address _____

City _____ State _____ Zip _____

II. Customer Reference _____

Contact _____ Address _____

City _____ State _____ Zip _____

III. Trade Reference _____

Contact _____ Address _____

City _____ State _____ Zip _____

Application for membership authorizes NARI to conduct a credit and reference check subject to the Fair Credit Reporting Act and relevant public law.

IT IS UNDERSTOOD THAT UPON TERMINATION OF MEMBERSHIP FOR ANY REASON WHATSOEVER, (60 DAYS FROM RENEWAL ANNIVERSARY), YOU MUST CEASE AND DESIST FROM USING THE NARI LOGO IN ANY LITERATURE AND/OR ADVERTISING FOR CONSUMER OR TRADE. YOU MAY BE HELD RESPONSIBLE FOR A BREACH OF A REGISTERED TRADEMARK WHICH COULD ENCOMPASS LEGAL FEES AND DAMAGES.

I have reviewed the information contained in this membership application and confirm that this information is correct to the best of my knowledge. 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. I also agree to comply with the NARI logo usage as stated above.

Signature _____

Date _____

Please include photocopy of Liability Insurance and License(s).
MAIL THIS FORM, WITH APPLICABLE DUES, TO NARI