



# NARI OF MID-MARYLAND MEMBER APPLICATION

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

FEI or Social Security #: \_\_\_\_\_

Designated Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

Referred By: \_\_\_\_\_

## APPLICANT PROFILE (for NARI use only; used in strict confidence)

1. What is your industry involvement?

- Contractor
- Wholesaler/Supplier
- Lender
- Designer/Architect
- Utility
- Manufacturer
- Subcontractor
- Other (explain) \_\_\_\_\_

6. Date company was established: \_\_\_\_\_

7. Number of full-time employees: \_\_\_\_\_

8. Company type:

- Sole Proprietorship
- Partnership
- Closely-held Corporation
- Public Corporation

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%)

9. Please list other trade associations in which you hold membership: \_\_\_\_\_

10. Names of principals and officers of your company:

\_\_\_\_\_ Title \_\_\_\_\_  
 \_\_\_\_\_ Title \_\_\_\_\_  
 \_\_\_\_\_ Title \_\_\_\_\_

3. Area of Specialization: (total should equal 100%)

\_\_\_\_\_ % Roofing  
 \_\_\_\_\_ % Insulation  
 \_\_\_\_\_ % Kitchen/Bath  
 \_\_\_\_\_ % Siding  
 \_\_\_\_\_ % Replacement Windows  
 \_\_\_\_\_ % General Remodeling  
 \_\_\_\_\_ % Electrical  
 \_\_\_\_\_ % Heating/AC  
 \_\_\_\_\_ % Other \_\_\_\_\_

## DUES

**Chapter Dues \$ 450.00** Membership dues include NARI National portion of \$ 125.00, two dinner tickets valued at \$50, and a \$15.00 subscription to "The Remodeler's Journal" magazine.

Members may not deduct subscription price for dues.

## PAYMENT

Annual Chapter Dues \$ 450.00

One time, non refundable application fee \$ 75.00

National Remodeling

Foundation donation (optional) \$ \_\_\_\_\_

Check  VISA  Mastercard

4. Annual Sales Volume:

\_\_\_\_\_ Up to \$500,000  
 \_\_\_\_\_ \$500,000 - \$1 million  
 \_\_\_\_\_ \$ 1 - 5 million  
 \_\_\_\_\_ Over \$5 million

Card #: \_\_\_\_\_

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

Total Dues Enclosed: \_\_\_\_\_

5. Have you previously held NARI membership?

No  Yes  When? \_\_\_\_\_

**ELIGIBILITY**

Eligibility for NARI membership requires that applicants actively be 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; however, pursuant to the Omnibus Reconciliation Act of 1993, NARI National estimates that \$20.00 of dues is not deductible for federal income tax purposes. Contributions to the National Remodeling Foundation are deductible as charitable contributions.

- 1. Please indicate your state or local business license number: \_\_\_\_\_
- 2. Liability insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please attach a **certificate of insurance** to this application.

**REFERENCES**

- 1. Bank Reference: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Title: \_\_\_\_\_ Fax: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
- 2. Customer Reference: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Title: \_\_\_\_\_ Fax: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
- 3. Customer Reference: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Title: \_\_\_\_\_ Fax: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
- 4. Trade Reference: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Title: \_\_\_\_\_ Fax: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
- 5. Trade Reference: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Title: \_\_\_\_\_ Fax: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ACKNOWLEDGMENT**

Please review this application to ensure that all information is complete and correct. Chapter membership dues must accompany this application. Return this application to NARI Chapter at the address below. Application to NARI Chapter grants the Chapter permission to conduct a credit check in compliance with the Fair Credit Reporting Act and relevant public laws. Chapter membership is provisional and subject to approval of the NARI Chapter Board of Directors

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 NARI Chapter I agree to comply with the bylaws and Code of Ethics of the Association.

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