



# MEMBERSHIP APPLICATION

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

Designated Representative: _____	Title: _____
----------------------------------	--------------

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

City: _____	State: _____	Zip: _____
-------------	--------------	------------

Telephone: _____	Fax: _____	Cell Phone: _____
------------------	------------	-------------------

Email: _____	Website: _____
--------------	----------------

Referred/Sponsored By: \_\_\_\_\_

1: What is your industry involvement?

- Contractor
- Wholesaler/Supplier
- Lender
- Designer/Architect
- Utility
- Manufacturer
- Subcontractor
- Remodeler (Year Started) \_\_\_\_\_
- Other (Explain) \_\_\_\_\_

5: Company type

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

6: Please list other trade associations in which you hold Membership

\_\_\_\_\_

7: Names of principals and officers of your company:

_____	Title _____
_____	Title _____
_____	Title _____

2: Have you previously held NARI membership  No  Yes

When? \_\_\_\_\_

Where? \_\_\_\_\_

3: Date company was established: \_\_\_\_\_

4: Number of full-time employees: \_\_\_\_\_

8: Would you like to become an active member in one of the following committees?

- Membership
- Planning & Special Events
- Education

9: Are there any pending lawsuits? If so please elaborate

\_\_\_\_\_  
\_\_\_\_\_

**DUES**

**Chapter Dues Annually:** \$360

## ELIGIBILITY

Eligibility for NARI membership requires that applicants actively be engaged in the remodeling industry for at least one full year prior to application; and/or actively support and conduct business with associates in the remodeling industry. 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 of 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.

Please indicate your HIC number: \_\_\_\_\_

If you are a contractor, renovator, or remodeler working on pre-1978 homes, you must provide a copy of your EPA Lead RRP certificate.

## REFERENCES

### *I. Customer References:*

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

### *II. Trade References:*

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

Contact: \_\_\_\_\_ Acct: \_\_\_\_\_

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

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

## 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 \_\_\_\_\_

Please send application and relevant documents to:  
NARI of Central PA  
PO Box 428  
Camp Hill, PA 17001-0428  
Phone (717) 932-1487  
www.nariofcentralpa.org

# **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.

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

**Submit this application, fees and dues to:**

**NARI OF CENTRAL PA**

**PO Box 428**

**Camp Hill, PA 17001-0428**

**Phone: 717-932-1487**

**Fax: 717-932-7902**

**Email: [info@nariofcentralpa.org](mailto:info@nariofcentralpa.org)**



**CREDIT CARD AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize NARI of Central PA to charge my credit card account \$360.00 (three hundred sixty dollars) for my 2013 NARI membership dues.

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

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

3 Digit Security Code: \_\_\_\_\_

Name as it Appears on Credit Card: \_\_\_\_\_

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

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

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