



APPLICATION MUST BE COMPLETED IN FULL (all three pages)

**National Association of the Remodeling Industry
Local Kansas City Chapter Membership Application**

Date _____

Company Name _____

Social Security or FEI# _____

Designated Representative _____ Title _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-Mail Address _____

Website _____

Sponsor _____

Applicant Profile (for NARI use only, to be held in strict confidence)

1. What is your industry involvement?

____ Contractor ____ Wholesaler/supplier ____ Designer/Architect ____ Manufacturer
____ Lender ____ Utility ____ Subcontractor (please specify) _____
____ Other (please explain) _____

2. Why are you applying for NARI membership? (check all that apply)

____ Education ____ Networking ____ Know members who've asked me to join
____ Certification ____ Mentoring program to learn about NARI
____ Other (please Explain) _____

3. Annual Sales Volume

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

4. Names of principals and officers of your company:

a) _____ Title _____
b) _____ Title _____
c) _____ Title _____

5. Date company was established: _____

6. Number of full-time employees: _____

7. Company type: ____ Sole proprietorship ____ Partnership
 ____ Closely-held corporation ____ Public corporation

8. Have you previously held NARI membership?

____ No ____ Yes Where? _____ When? _____

Continued on back

9. If you are a contractor/installer, please list your trade and/or contractor license numbers
- a) Trade number _____ Authorizing Authority _____
- b) Trade number _____ Authorizing Authority _____
- c) Trade number _____ Authorizing Authority _____

10. Insurance Information

- a) Liability insurance company _____ Policy # _____
 Agent's name/phone number: _____
- b) Worker's Compensation company _____ Policy # _____
 Agent's name/phone number: _____

TO PROCESS THIS APPLICATION, AN ORIGINAL CERTIFICATE OF INSURANCE MUST BE ATTACHED AND MUST LIST KANSAS CITY NARI AS THE CERTIFICATE HOLDER.

- c) Certificate of Insurance attached? Yes _____ No _____

11. Bank Reference _____ Account # _____
 Contact _____ Telephone# _____
 Address _____
 City _____ State _____ Zip _____

12. Customer References

- a) Contact _____ Telephone# _____
 Address/City/ST/Zip _____
 Date of project _____ Type of project _____
- b) Contact _____ Telephone# _____
 Address/City/ST/Zip _____
 Date of project _____ Type of project _____
- c) Contact _____ Telephone# _____
 Address/City/ST/Zip _____
 Date of project _____ Type of project _____

13. Trade References

- a) Company _____ Account # _____
 Contact _____ Telephone# _____
 Address/City/ST/Zip _____
- b) Company _____ Account # _____
 Contact _____ Telephone# _____
 Address/City/ST/Zip _____
- c) Company _____ Account # _____
 Contact _____ Telephone# _____
 Address/City/ST/Zip _____

Local Chapter Dues: \$ 450.00 (effective 1-1-10) plus one-time \$35 application fee

Eligibility for NARI membership requires that applicant company be in business 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 By-Laws. 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. (Consult your local chapter concerning amounts that may not be deductible due to the chapter's lobbying efforts).

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 By-Laws and Code of Ethics of the Association.

Signature _____

Date _____

Application process takes 45-60 days. Ethics & By-Laws Committee researches each application; the company is posted in the monthly NARI News as a "pending applicant," and the Board of Directors, which meets monthly, votes on every application. Mail this completed application and a certificate of insurance, along with credit card information OR TWO checks (all checks payable to Kansas City NARI) —one is a one-time, non-refundable application fee of \$35 and the other is the \$450 membership dues. Upon application approval by the Board of Directors you will be notified and your \$450 will be charged to your credit card or your \$450 check will be deposited. Once approved you are required to attend a New Member Coffee which is held at the Kansas City NARI office once a month.

Send this application, your certificate of insurance and the credit card information OR two checks to:

***KANSAS CITY NARI
8015 Shawnee Mission Pkwy., Merriam, KS 66202
Phone: (913) 362-8833 Fax: (913) 362-8837***

Credit Card Information (We take MasterCard and VISA only.)

Type of Credit Card: _____ Credit Card Number _____

Expires: _____ CVN _____ (Last 3 digits on back of card after number)

Address where credit card statement/invoice is sent

Printed Name on Card

Signature of Cardholder

Code Of Ethics

Each member of the National Association of the Remodeling Industry 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.*

NARI National Headquarters
780 Lee Street, Suite 200; Des Plaines, IL 60016
Phone: (800) 611-NARI (6274) Fax: (847) 298-9225

Application Revised 4/27/11