



APPLICATION MUST BE COMPLETED IN FULL
National Association of the Remodeling Industry
Kansas City Chapter Membership Application

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

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

Address \_\_\_\_\_

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

Phone to be published: \_\_\_\_\_ Cell: (not published) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Website \_\_\_\_\_

Brief Company Description: (15 word limit) \_\_\_\_\_

Define products/services you provide: (general contractor, roofing, appliances, HR, etc.) \_\_\_\_\_

How did you learn about NARI? \_\_\_\_\_

Please list person/company who asked you to join \_\_\_\_\_

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 Members asked me to join Certification
Mentoring program to learn about NARI Other (please explain)

- 3. Names of principals and officers of your company:
a) \_\_\_\_\_ Title \_\_\_\_\_
b) \_\_\_\_\_ Title \_\_\_\_\_

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

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

6. Have you previously held NARI membership?
No Yes Where? \_\_\_\_\_ When? \_\_\_\_\_

7. FOR CONTRACTORS/INSTALLERS Pertinent license numbers must be supplied as required by your trade. You must attach a copy of your contractor's license to this application.

8. Insurance certificate(s)—to process this application, an original certificate of insurance must be attached showing general liability & workers comp as required by law. Kansas City NARI needs to be listed as a certificate holder.

- 9. Customer References
a) Contact \_\_\_\_\_ Telephone# \_\_\_\_\_
Date of project \_\_\_\_\_ Type of project \_\_\_\_\_
b) Contact \_\_\_\_\_ Telephone# \_\_\_\_\_
Date of project \_\_\_\_\_ Type of project \_\_\_\_\_

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10. Trade References

Company _____	Account # _____
Contact _____	Telephone# _____
Company _____	Account # _____
Contact _____	Telephone# _____
Company _____	Account # _____
Contact _____	Telephone# _____

11. What is your preferred method of communication? Check all that apply.

E-mail: \_\_\_\_\_ Mail: \_\_\_\_\_ Text: \_\_\_\_\_

**Local Chapter Dues: \$ 525.00 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: NARI membership dues are not deductible as a charitable contribution but may be deductible as an ordinary business expense. To the extent that NARI engages in lobbying, \$18 of dues are not deductible as an ordinary and necessary business expense.

***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;*
- *Making all advertising and sales promotion factually accurate, avoiding those practices which tend to mislead or deceive the customer.*
- *Writing all contracts and warranties such that they comply with federal, state, and local laws.*
- *Promptly acknowledging and taking appropriate action on all customer complaints.*
- *Refraining from any act intended to restrain trade or suppress competition.*
- *Obtaining and retaining insurance as required by federal, state, and local authorities.*
- *Obtaining and retaining licensing and/or registration as required by federal, state, and local authorities.*
- *Taking appropriate action to preserve the health and safety of employees, trade contractors and clients.*

**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 \$525 membership dues. Upon application approval by the Board of Directors you will be notified and the \$525 will be charged to your credit card or the \$525 check will be deposited. Once approved you are required to attend a New Member Mingle which is held at the Kansas City NARI office.**

**Send this application, certificate of insurance and contractor’s license if applicable, and the credit card information OR two checks to:**

**KANSAS CITY NARI**  
**8015 Shawnee Mission Pkwy, Ste. 150, Merriam, KS 66202**  
**Phone: (913) 362-8833 Fax: (913) 362-8837 E-mail: kcnari@remodelingkc.com**

**Dues Credit Card Authorization Form**  
**Credit Card Information (We take MasterCard, VISA, Discover and American Express.)**

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

Type of Credit Card:     MasterCard         Visa         Discover         AMEX

Name on Card (Please Print): \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_                      CV#: \_\_\_\_\_

Billing Address of credit card: \_\_\_\_\_

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

E-mail address for receipt: \_\_\_\_\_

Contact/Phone to verify credit card details: \_\_\_\_\_

Please check below the fees you want charged to the card listed above.

- Charge the Application fee: \$35 to be charged once application is received.
- Charge the membership dues fee: \$525 to be charged once application is approved by the KC NARI Board.  
(\$525 is for a 12-month membership cycle.)

\_\_\_\_\_  
Signature of Cardholder

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

By signing this form, you authorize Kansas City NARI to charge your card for the fees checked above.