



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 IDENTIFY 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: _____ (mm/dd/year)
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 \$50 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.

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 \$50 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: \$50 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.