



NARI of Silicon Valley
MEMBERSHIP APPLICATION

Eligibility for membership requires that applicant: 1) is actively engaged in the remodeling industry for at least one full year prior to application 2) is conducting his/her business in compliance with the NARI Code of Ethics 3) has current General or Professional Liability insurance and 4) has Workers Compensation if they have employees. All contractors must be licensed appropriately with the State of California.

(PLEASE TYPE OR PRINT IN BLACK INK ONLY)

Company Name _____ Owner's Name _____

Business Address _____ City _____ State _____ Zip Code _____

If above is a P.O. Box, write physical address of business _____

Phone (____) _____ Fax (____) _____ E-mail: _____

Month/Year business was established _____

Website: _____

Has this business been known by any other name? Yes _____ No _____

If yes, give details:

Is this business incorporated? Yes _____ No _____ If yes, year incorporated _____

Who will normally attend chapter meetings?

Name: _____ Email address: _____

Name: _____ Email address: _____

Tell us about your company: _____

APPLICANT FACTS (Confidential)

1. Contractor _____ Specialty Contractor _____ Designer _____ Architect _____ Supplier _____
Lender _____ Manufacturer _____ Other _____ (if supplier, do you also do installations? Yes ___ No ___)

2. Sole Proprietor _____ Partnership _____ Corporation _____ Franchise _____ LLC _____ Other (list) _____

3. List other trade associations in which you hold membership:

4. a) Have you previously been a NARI member? Yes _____ No _____

b) If so, what years? _____ Which chapter? _____

c) How did you learn about NARI? Trade Press _____ Convention _____ Membership Promotion _____

Other _____ I was personally referred by: _____

5. Workers Compensation Insurance Carrier _____ Renewal Date _____

Insurance Broker's Name _____

Broker's Phone _____ Insurance Broker's Email _____

6. Liability Insurance Carrier _____ Renewal Date _____

Insurance Broker's Name _____

Broker's Phone _____ Insurance Broker's Email _____

7. State Contractor's License Number (if applicable) _____ Classification _____

8. Have you, any of your principals or officers of your firm, ever:

a) Had past or pending legal complaints, judgments, tax liens or lawsuits? Yes ___ No ___

b) Been convicted of a felony? Yes ___ No ___

c) Been involved in a bankruptcy or made an assignment for the benefit of creditors? Yes ___ No ___

(If any answer is checked "Yes", please attach a brief explanation)

9. **Please list 3 Customer/Client References from the past 2 years:**

a) Name _____ Phone _____

Street Address _____ City, State, Zip _____

Email address _____

b) Name _____ Phone _____

Street Address _____ City, State, Zip _____

Email address _____

c) Name _____ Phone _____

Street Address _____ City, State, Zip _____

Email address _____

10. **Please list 2 Current Trade Credit References:** *(do not list credit cards)*

a) Name _____ Phone _____ FAX _____

Address & Zip _____ Acct.# _____

b) Name _____ Phone _____ FAX _____

Address & Zip _____ Acct.# _____

The NARI 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.
- Attaining and retaining insurance as required by federal, state, and local authorities.
- Attaining and retaining licensing and/or registration as required by federal, state, and local authorities.

I hereby agree to adhere to the NARI Code of Ethics (as stated above) at all times.

I have reviewed this application and confirm that all information is complete and correct to the best of my knowledge. I also attest that I am in compliance with the Code of Ethics contained in this application.

Owner's Signature _____

Company _____ Date : _____

AUTHORIZATION TO PERFORM BUSINESS CREDIT CHECK

Application to the NARI Chapter grants the Chapter permission to conduct a credit check in compliance with the Fair Credit Reporting Act (www.ftc.gov/os/statutes/fcrajump.shtm) and relevant public laws. I also give permission for the chapter to contact my references and verify my credit, State License and insurance information. I understand that Chapter membership is provisional, according to and subject to approval of the NARI Chapter Board of Directors.

Owner's (or Authorized Person) Signature _____ **Title** _____ **Date** _____

Print Name Signed Above _____ Company Name _____

***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, \$13 of dues are not deductible as an ordinary and necessary business expense.*

Application Processing Fee (non-refundable)	\$ 100.00
Annual Membership Dues	\$ 490.00
Total Membership Dues:	\$ 590.00*

***Note:** If your company is also a member of another NARI chapter or a National NARI member, please call for dues amount.

To pay by credit card, visit: www.NARISv.org . Go to the "Prospective Members" button on the homepage, then choose "How to Join NARI" and choose the appropriate PayPal button. Please fax application to (408) 559-4996 or email to info@narisv.org.

To pay by check: mail application with check to NARI, P.O. Box 110400, Campbell, CA 95011

An optional **Payment Plan** is available: call (408) 559-4996 or email info@narisv.org for details.