



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 briefly 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. Does your company have a showroom? Yes No

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

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

5. 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: _____

6. Workers Compensation Insurance Carrier _____ Renewal Date _____
Insurance Broker's Name _____

Broker's Phone _____ Insurance Broker's Email _____

7. Liability Insurance Carrier _____ Renewal Date _____
Insurance Broker's Name _____

Broker's Phone _____ Insurance Broker's Email _____

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

9. 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)

10. **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 _____

11. **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 : _____

CHAPTER COMMITTEES

You will become part of a network of professionals in communities across the country. Without your participation NARI Silicon Valley could not fulfill its commitment to helping our members enhance their professionalism, change the perception of the remodeling industry, and have a voice in government.

Which chapter committee(s) would you like to join? Please indicate your interest by use of checkbox(es) below. The committee chair will follow-up with you after approval of your membership.

Education
Membership
Programs

Industry Partners
Public Relations

List order of committee preference (e.g. 1- Education, 2-Programs) _____

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 & MEMBERSHIP DUES PAYMENT INFORMATION

Application Processing Fee (non-refundable)	\$ 100.00
Annual Membership Dues	\$ 450.00
<u>Total Membership Dues:</u>	\$ 550.00*

***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: contact the NARI office to get an e-invoice sent to you then PDF document and email as an attachment to <mailto:info@narisv.org> or fax to (408) 904-4561.

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

An optional **2 Installments Payment Plan** is available: email info@narisv.org or call the office at call (408) 559-4996 for details.