



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](http://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.*

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Application Processing Fee (non-refundable)	\$ 100.00
Annual Membership Dues	\$ 470.00
<b>Total Membership Dues:</b>	<b>\$ 570.00*^</b>

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

**^Ask about our Annual Sponsorship Opportunity to get more business exposure and access to more member benefits!**

**To pay by credit card,** contact the NARI office at [info@narisv.org](mailto:info@narisv.org) to send you a secure PayPal e-invoice then email application to [info@narisv.org](mailto: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](mailto:info@narisv.org) for details.