



Eastern Massachusetts Chapter Membership Application

831 Beacon Street #186
Newton Centre, MA 02459
Tel: 508-907-6249
Fax: 617-663-6566
E-mail: chapter@emnari.org
Web: www.emnari.org

Company Name _____

Primary Contact Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Tel _____ Fax _____

E-mail _____ Web site _____

Sponsor (NARI Member name, if applicable) _____

Applicant Profile

(For NARI use only. To be held in strict confidence)

1. What is your industry involvement?

- Contractor
- Subcontractor
- Wholesaler/Supplier
- Lender
- Designer/Architect
- Utility
- Manufacturer
- Other: _____

2. Please indicate your approximate percentage of dollar volume in each of the following areas:

- _____ % Residential Repair/remodeling
- _____ % Commercial/industrial remodeling
- _____ % New Construction
- _____ % Other
- _____ % **Total (should equal 100%)**

3. Areas of Specialization

- _____ % General Remodeling
- _____ % Roofing
- _____ % Insulation
- _____ % Kitchen/Bath
- _____ % Replacement Windows
- _____ % Electrical
- _____ % Heating A/C
- _____ % Siding
- _____ % Other: _____

4. Annual Sales Volume

- Up to \$500,000
- \$500,000 - \$1 million
- \$1 - \$5 million
- \$5 million +

5. Have you previously held a NARI Membership?

- Yes
- No

6. Date Company was established: _____

7. Number of full-time employees: _____

8. Company type

- Sole Proprietorship
- Partnership
- S Corporation
- Closely-Held Corporation
- Public Corporation

9. Please list other trade associations in which you hold membership: _____

10. Names of Principals/Officers in your company

_____ Title _____

_____ Title _____

_____ Title _____

Dues:	Local Chapter:	\$495.00
	National Remodeling Foundation (optional):	\$ _____
	Total:	\$ _____

Payment:	Check	Visa	MasterCard	
Card #	_____			Exp: _____
Signature	_____			Date: _____

Eligibility

Eligibility for NARI membership requires that the contractor be actively engaged in the remodeling industry for at least one full year prior to the application. Applicants must conduct their business in compliance with the NARI Code of Ethics. Applicants must agree to comply with the NARI bylaws.

Business Registration and Insurance

1. Please indicate your state or local business license number: (For Contractors in Massachusetts, this must be the Home Improvement Contractor (HIC) Registration Number): _____
2. Liability Insurance Co: _____ Policy #: _____
3. Workers Comp Co: _____ Policy #: _____

Acknowledgement

I have reviewed the information contained in this application and confirm that this information is correct to the best of my knowledge. Application for membership authorizes MARI to conduct a credit and reference check subject to the Fair Credit Reporting Act and relevant public law. By applying for membership in the National Association of the Remodeling Industry (NARI), I agree to comply with the bylaws and Code of Ethics of the Association, (enclose signed ethics compliance sheet.)

Signature: _____ Date: _____

Note: Annual membership dues Of \$495 include a subscription to *Remodelers Journal* magazine. Contributions to the National Remodeling Foundation are deductible as charitable contributions.

Submit to:

EM NARI
831 Beacon Street #186
Newton Centre, MA 02455

Phone: 508-907-6249
Fax: 617-663-6566