

Company Name _____

Social Security or FEI: _____

Designated Representative _____ Title _____

Address _____

City/State/Zip _____

Phone _____

FAX _____ Cell _____

E-mail _____

APPLICANT PROFILE *(For NARI use only; used in strictest confidence)*

1. What is your industry involvement?

- Contractor
- Wholesaler/Supplier
- Lender
- Designer/Architect
- Utility
- Manufacturer
- Subcontractor
- Other (explain)

4. Annual Sales Volume:

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

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%)

5. Have you previously held NARI membership?

- No Yes
- When? _____

6. Date your company was established: _____

7. Number of full-time employees: _____

8. Company type:

- Sole Proprietorship
- Partnership
- Closely-held Corporation
- Public Corporation

3. Area of Specialization: (Total should equal 100%)

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

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

10. Names of principals and officers of your company:

- _____ Title _____
- _____ Title _____
- _____ Title _____

REFERENCES:

- 1. Bank Reference: _____
 Contact _____ Address _____
 City/State/Zip _____

- 2. Customer Reference: _____
 Contact _____ Address _____
 City/State/Zip _____

- Customer Reference: _____
 Contact _____ Address _____
 City/State/Zip _____

- 3. Trade Reference: _____ Account _____
 Contact _____ Address _____
 City/State/Zip _____

DUES:

Chapter Dues: \$375.00

Membership dues include a \$15.00 subscription to *The Remodeler's Journal* magazine. Members may not deduct subscription price from dues.

PAYMENT:

- Check enclosed for \$375 made payable to NARI of Southeast Michigan

- Please charge to my credit card:
 MasterCard VISA (circle one)

Card No. _____

Expiration Date: _____

Signature _____

ELIGIBILITY:

Eligibility for NARI membership requires that applicants actively be engaged in the remodeling industry for 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 Bylaws.

Please indicate your state or local license number.

Liability Insurance Company _____

Policy #: _____

NOTE:

Membership dues are deductible as ordinary and necessary expenses; however, pursuant to the Omnibus Reconciliation Act of 1993, NARI National estimates that \$20 of dues is not deductible for federal income tax purposes. Contributions to the National Remodeling Foundation are deductible as charitable contributions.

ACKNOWLEDGMENT:

Please review this application to ensure that all information is complete and correct. Chapter membership dues must accompany this application. Return this application to the NARI Chapter address below. Application to NARI Chapter grants the Chapter permission to conduct a credit check in compliance with the Fair Credit Reporting Act and relevant public laws. Chapter membership is provisional and subject to approval of the NARI Chapter Board of Directors.

I have reviewed the information contained in this Membership Application and confirm that this information is correct to the best of my knowledge. By apply for membership in NARI of Southeast Michigan, I agree to comply with the bylaws and Code of Ethics of the Association.

Signature _____

Date _____

Return to: Jan Taylor, Executive Director
NARI of Southeast Michigan, 122 West Huron, Ann Arbor, MI 48104
• 734/622-9999 • FAX 734/769-2007 • www.narisemich.org

