



CHAPTER MEMBERSHIP APPLICATION

ANNUAL MEMBERSHIP (EXCEPT REMODELING CONTRACTORS): \$725
REMODELING CONTRACTORS: \$525
STUDENTS: \$10 RETIRED MEMBERS: \$0

ELIGIBILITY for EM NARI membership requires that applicants be actively engaged in the remodeling industry for at least one full year prior to application. Applicants must conduct their business in accordance with the NARI Code of Ethics.

APPLICANT INFORMATION

Company Name: _____ Sponsor: _____
Address: _____ City _____ State _____ Zip: _____
Representative: _____ Title: _____
Office Phone: _____ Cell Phone: _____
E-mail: _____ Website: _____

List other company representatives to receive direct communication from EM NARI (use separate sheet if necessary).

Contact for Accounting Purposes: _____ **Email:** _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

1. Company Type

- | | |
|--|---|
| <input type="checkbox"/> Remodeling Contractor | <input type="checkbox"/> Professional Service |
| <input type="checkbox"/> Designer/Architect | <input type="checkbox"/> Non-Profit Org./School |
| <input type="checkbox"/> Subcontractor/Trade | <input type="checkbox"/> Student |
| <input type="checkbox"/> Supplier/Manufacturer | <input type="checkbox"/> Retired |

2. Have you previously held NARI membership? NO YES If so, when? _____

3. Date company was established? _____

4. Number of employees? _____

5. Average number of jobs each year: _____

6. Annual sales volume _____

7. Approximate % of Revenue Spent on:

Windows/Doors: _____	Appliances: _____	Counters: _____
Roofing: _____	Lumber: _____	Lighting: _____
Siding: _____	Tools: _____	Home Automation: _____
Cabinets: _____	HVAC: _____	Vehicles: _____
Plumbing Fixtures: _____	Flooring: _____	Finance/Insurance: _____

REQUIRED LICENSES AND INSURANCE

Please provide proof of General Liability Insurance by forwarding a *Certificate of Insurance* from your agent. If your business has employees include proof of Workman's Comp. If your business has vehicles include proof of Auto Insurance. *Certificate of Insurance* must accompany application.

1. Does your business act as a Home Improvement Contractor?

HIC Number: _____ Construction Supervisor's License (CSL) Number: _____

2. Is your business a Trade Service Vendor?

Trade License Type: _____ Trade License Number: _____

3. Does your company perform product installations? Work on homes older than 1978? Perform painting work?

For work in Massachusetts:

RRP Training Certificate Number: _____ Exp. Date: _____

RRP License Number and Town: _____ Town: _____ Exp. Date: _____

For work in other states:

EPA Certification Number: _____ EPA Expiration Date: _____

4. If applying for **Retired Member** status, please list your former company name:

Company: _____ Year Retired: _____

5. If applying for **Student Membership** status, please list the following information:

School Name: _____ Expected Graduation Year: _____

Area of Study: _____

ACKNOWLEDGMENT

Please review this application to ensure that all information is complete and correct. Dues must accompany this application. 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 and attest that I am in compliance with the attached Code of Ethics, and agree to comply with the Bylaws and Code of Ethics of the Association in the future.

Signature _____ Date _____

EM NARI supports the families of our members and local youth entering the industry through our EM NARI Foundation which offers scholarships and supports charitable service and education work. Please consider making a donation when you submit your dues. This amount will be run separate from your dues payment. (EM NARI Foundation Tax ID: 47-1104787)

I want to support the EM NARI Scholarship Fund! Please include the following payment:

• \$25 • \$50 • \$75 • \$100 • Other amount: _____

Dues Amount: _____
(Optional) EM NARI Foundation Contribution: _____
TOTAL: _____

Payment Type: • Credit Card • Check (*Make payable to: Eastern Mass. Chapter, NARI, Inc.*)

Card #: _____ Name on Card: _____

Billing Zip Code: _____ Expiration Date: _____ CVV Security Code: _____

Return application, Certificate of Insurance and payment to:

ADMIN@EMNARI.ORG

Or

EM NARI, 831 Beacon Street #186, Newton Ctr, MA 02459

Questions? Please contact us at:

PH: 508.907.6249 or EMAIL: ADMIN@EMNARI.ORG

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.

Obtaining and retaining insurance as required by federal, state, and local authorities.

Obtaining and retaining licensing and/or registration as required by federal, state, and local authorities.

Taking appropriate action to preserve the health and safety of employees, trade contractors and clients.

The right tools to find
an ethical remodeler.

