



<b>For NARI office use only</b>	
Date received at chapter _____	20____
Determination date _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved (√ one)	
Date Rcvd National office _____	
Date Posted National office _____	

## MEMBER APPLICATION

**ELIGIBILITY** for 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 compliance with the NARI Code of Ethics.

Company Name: \_\_\_\_\_

Designated Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

How did you learn about NARI:

**APPLICANT FACTS** (for NARI use only; used in strict confidence)

- What is your industry involvement?
  - Contractor
  - Wholesaler/Supplier
  - Lender
  - Designer/Architect
  - Utility
  - Manufacturer
  - Subcontractor
  - Other (explain) \_\_\_\_\_
- Have you previously held NARI membership?
  - No  Yes  When? \_\_\_\_\_
- Date company was established: \_\_\_\_\_
- State or local business license/registration number: \_\_\_\_\_
- Liability insurance company: \_\_\_\_\_
- Policy #: \_\_\_\_\_

**Has/does the applicant or any company owned by applicant's owner(s), or any of applicant's owner(s), directors, officers, managing employees or qualifying person:**

Ever been convicted of a crime or been involved in any incident where physical harm or threats toward another person or sexual assault occurred? \_\_\_\_\_

Have any mechanics liens or lien foreclosures (excluding pre-lien notices) filed against any of your projects that have remained unresolved for longer than one year? \_\_\_\_\_

Ever been a principal or officer of a building or remodeling business whose contractor's license has been revoked, suspended or denied? \_\_\_\_\_

Have any unsatisfied judgments? \_\_\_\_\_

## NARI Code of Ethics

Each member of the National Association of the Remodeling Industry agrees to comply with the NARI bylaws and 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
- By making all advertising and sales promotion factually accurate, avoiding those practices which tend to mislead or deceive the customer
- By writing all contracts and warranties such that they comply with federal, state, and local laws
- By promptly acknowledging and taking appropriate action on all customer complaints
- By refraining from any act intended to restrain trade or suppress competition
- By attaining and retaining insurance as required by federal, state, and local authorities
- By attaining and retaining licensing and/or registration as required by federal, state, and local authorities

### ACKNOWLEDGMENT

Please review this application to ensure that all information is complete and correct. Dues must accompany this application when returned to the NARI Chapter at the address below (Please retain a copy for your files).

**Chapter membership is provisional according to 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 Code of Ethics, and agree to comply with the Bylaws and Code of Ethics of the Association in the future.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NARI ANNUAL DUES – By paying this invoice you and your company agree to continue to abide by the NARI Code of Ethics, ByLaws and all applicable laws relating to the remodeling industry and/or your specialty, which includes maintaining a current certificate of insurance at all times, which may be requested by NARI at any time.**

Chapter Dues:      \$ 550.00

Payment Type: *Check* # \_\_\_\_\_

*Credit Card* \_\_\_\_\_ *Exp. Date* \_\_\_\_\_

Three digit Security# on back of card: \_\_\_\_\_ (Visa, Master Card, Discover, AMEX)

***Return this application with dues along with a current Certificate of Insurance to:***

**DelChester NARI  
1005 Pontiac Drive ~ Suite 351  
Drexel Hill, PA 19026**