



For NARI office use only	
Date received at chapter _____	20 ____
Determination date _____	
Approved 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)

1. What is your industry involvement?

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

2. Have you previously held NARI membership?

- No Yes When? _____

3. Date company was established: _____

4. State or local business license/registration number: _____

2. 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Ever been a principal or officer of a building or remodeling business whose contractor's license has been revoked, suspended or denied?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, Standards of Practice, and Code of Ethics of the Association in the future.

Signature _____

Date _____

NARI ANNUAL DUES – By paying this invoice/application fee, and future renewal invoices, you and your company agree to continue to abide by the NARI Code of Ethics, Standards of Practice, and 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: \$ 595.00 Payment Type: *Check #* _____ *or Credit Card* _____

Credit Card #: _____ *Exp. Date* _____

Name on Card: _____

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

Return this application with dues, payable to DelChester NARI, along with a current Certificate of Insurance naming DelChester NARI as an additional Certificate Holder and the Signed Member Agreement regarding NARI BYLAWS & Standards of Practice

DelChester NARI
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