

National Association of the Remodeling Industry MN Chapter Membership Application

**Information you provide will appear in our records exactly as given.
Please print clearly.**

Date: _____
 Company Name: _____
 Contact Person: _____
 Federal Tax ID #: _____
 Street Address: _____
 City/State/ZIP: _____
 Phone: _____ Fax: _____
 E-mail: _____
 Website: _____



Mail or fax this application and the signed Code of Ethics with applicable dues to:

NARI of Minnesota
 International Market Square
 275 Market Street, Suite 565
 Minneapolis, MN 55405
 T: (612) 332-6274
 F: (612) 332-7854

Applicant Profile *NARI use only; to be held in confidence.*

1) Please indicate your company category (mark only one):

- Contractor — both general and specialty
- Associate — suppliers, vendors, and others with an interest in the industry
- Honorary — those persons or firms elected by the Board of Directors to honorary membership in the Association
- Student — Students enrolled full time in construction/remodeling courses

2) What is your industry involvement? (mark only one):

- Remodeling Contractor
- Subcontractor/Specialty Contractor
- Manufacturer/Supplier
- Professional Services

3) Please indicate your approximate percentage of dollar volume in each of the following areas (total should equal 100%):

_____ % Residential repair/remodeling
 _____ % Commercial/industrial remodeling
 _____ % New construction
 _____ % Other: _____

4) Area of specialization (total should equal 100%):

_____ % Roofing _____ % Replacement windows
 _____ % Insulation _____ % General remodeling
 _____ % Kitchen/Bath _____ % Electrical
 _____ % Siding _____ % Heating/AC
 _____ % Other: _____

5) For internal purposes, please briefly state the primary service or product of your company:

6) Annual sales volume:

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

7) Date company was established: _____

8) Number of full-time employees: _____

9) Company type:

- Sole proprietorship Partnership
- Closely-held corporation Public corporation

10) Please list other trade association memberships that you hold.

11) Names of principals and officers of your company:

Title _____

Title _____

12) How did you hear about NARI?

- Previous membership
- NARI Directory
- Website
- Current member: _____
- Trade show
- Other: _____

Eligibility for NARI membership requires that applicants be actively engaged in or serving the remodeling industry for at least one full year prior to application. Applicants must conduct business in compliance with the NARI Code of Ethics and agree to comply with all NARI Bylaws. Applicants agree to comply with all state and local licensing laws, and if required by law, be currently licensed by the Minnesota Department of Labor and Industry.

Membership dues are not deductible as a charitable contribution but may be deductible as an ordinary business expense. To the extent that NARI National engages in lobbying, 8 percent of your national dues, which are currently \$160, are not deductible as an ordinary and necessary business expense.

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":

1. ever been convicted of a crime or been involved in any incident where physical harm or threats toward another person or sexual assault was alleged? YES NO
2. 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? YES NO
3. ever been a principal or officer of a building or remodeling business whose contractor's license has been revoked, suspended or denied? YES NO
4. have any unsatisfied judgments? YES NO
5. filed for bankruptcy or protection from creditors within the last 5 years? YES NO
6. have had any formal administrative action taken by the Minnesota Department of Labor and Industry against your business and/or your state contractor license and have had any unresolved issues with the BBB of MN? YES NO

If you answered "YES" to any of the questions listed above, please provide a detailed written explanation, including but not limited to the identity of the person or company involved, and how the matter was resolved or will be resolved if pending.

1) State Building Contractor License #: _____

2) Liability Insurance Company: _____ Policy #: _____

3) Workers' Compensation Company: _____ Policy #: _____

Customer Reference

Contact: _____ Phone: _____

Address: _____

City/State/Zip: _____

Customer Reference

Contact: _____ Phone: _____

Address: _____

City/State/Zip: _____

Applications for membership authorizes NARI to conduct a credit and reference check subject to the Fair Credit Reporting Act and relevant public law.

I have reviewed the information contained in this membership application and confirm that this information is correct to the best of my knowledge. By applying for membership in the National Association of the Remodeling Industry (NARI) MN Chapter I agree to comply with the bylaws and Code of Ethics of the Association.

A copy of the applicant's current license issued by the state is submitted with this application.

Signature: _____ Date: _____

Dues

Annual national & local chapter dues: \$ 585.00

Filing fee (for new or lapsed members only): \$50.00

Total amount enclosed: _____

National Remodeling Foundation donation (optional): \$ _____

Check VISA Mastercard Discover

Card #: _____

Name on card: _____

Expiration date: _____ CVV: _____ Zip Code: _____

FOR OFFICE USE ONLY