



# National Association of the Remodeling Industry

## Tampa Bay Area Chapter

### Membership Inquiry - Step One of the Application Process

FAX THIS FORM TO 727-214-2521 OR CALL 727-578-2207

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

Social Security or FEIN# \_\_\_\_\_

Designated Rep \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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

Preferred Phone # \_\_\_\_\_  Bus  Cell; Fax \_\_\_\_\_

Email \_\_\_\_\_ Web URL \_\_\_\_\_

I authorize NARI to transmit correspondence via both fax and email. \_\_\_\_\_ (Please initial)

Sponsor \_\_\_\_\_

#### APPLICANT PROFILE *(For NARI use only. To be held in strict confidence.)*

1. What is your industry involvement?
- |                  |                           |
|------------------|---------------------------|
| _____ Contractor | _____ Wholesaler/Supplier |
| _____ Lender     | _____ Designer/Architect  |
| _____ Utility    | _____ Manufacturer        |
| _____ Other      | _____ Subcontractor       |

*(Explain)* \_\_\_\_\_

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%)*

3. Area of specialization *(Total should equal 100%)*

_____ % Roofing	_____ % Replacement windows
_____ % Insulation	_____ % General remodeling
_____ % Siding	_____ % Kitchen/bath
_____ % Electrical	_____ % Heating/AC
_____ % Other <i>(Explain)</i>	_____

4. Annual Sales Volume

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

5. Have you previously held NARI membership?

\_\_\_\_\_ Yes      \_\_\_\_\_ No  
When: \_\_\_\_\_ Where: \_\_\_\_\_

6. Date company was established: \_\_\_\_\_

7. Number of full-time employees: \_\_\_\_\_

8. Company type

\_\_\_\_\_ Sole proprietorship  
\_\_\_\_\_ Partnership  
\_\_\_\_\_ Corporation (Regular or Subchapter S)  
\_\_\_\_\_ Public corporation  
\_\_\_\_\_ Limited Liability Company

9. Please list other trade associations in which you hold membership. \_\_\_\_\_

10. Names of principals and officers of your company.

Name \_\_\_\_\_

Title \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Annual Dues \$470 *Payment must accompany application*

Date Received \_\_\_\_\_

Date Approved by Board \_\_\_\_\_

Date Sent to National \_\_\_\_\_

*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. Applicants agree to comply with the NARI bylaws. Note: Membership dues are deductible as ordinary and necessary business expenses; however, pursuant to the Omnibus Reconciliation Act of 1993, NARI National estimates that \$20.00 of dues is not deductible for federal income tax purposes.*

- 
1. Please indicate your Florida and/or local business license number \_\_\_\_\_
  2. Liability Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_
  3. Workersø Comp. Company \_\_\_\_\_ Policy # \_\_\_\_\_

---

A. Bank Reference \_\_\_\_\_ Acct. # \_\_\_\_\_  
Contact \_\_\_\_\_ City \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

B. Customer Reference \_\_\_\_\_  
Contact \_\_\_\_\_ City \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I confirm that there are no unresolved complaints against the company registered with the State of Florida, Better Business Bureaus, or other public/private agencies except as follows:

---

C. Trade Reference \_\_\_\_\_ Acct. # \_\_\_\_\_  
Contact \_\_\_\_\_ City \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

**Mail this application with applicable dues to:  
PAYMENT MUST ACCOMPANY APPLICATION**

**NARI - Tampa Bay Area Chapter  
PO Box 1675, St. Petersburg, FL 33731**

---

*Application 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) and the NARI Tampa Bay Area Chapter. I agree to comply with the bylaws and Code of Ethics of the Association.

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

---

**NARI ~ Tampa Bay Area Chapter**  
PO Box 1675 ♦ St Petersburg, FL 33731  
Phone: 727-578-2207 ♦ Fax: 727-214-2521  
Website: NARI-TampaBay.org  
Email: Info@NARI-TampaBay.org

---