



National Association of the Remodeling Industry

Tampa Bay Area Chapter

Membership Inquiry - Step One of the Application Process

FAX THIS FORM TO 727-942-4570 OR CALL 727-942-4503

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.)

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

(Explain) _____

- 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%)

- Area of specialization (Total should equal 100%)
 % Roofing % Replacement windows
 % Insulation % General remodeling
 % Siding % Kitchen/bath
 % Electrical % Heating/AC
 % Other (Explain) _____

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

- Have you previously held NARI membership?
 Yes No
 When: _____ Where: _____

6. Date company was established: _____

7. Number of full-time employees: _____

- 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. Workers' Comp. Company _____ Policy # _____
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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
5123 Kernwood Court, Palm Harbor, FL 34685**

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
5123 Kernwood Ct ♦ Palm Harbor, FL 34685
Phone: 727-942-4503 ♦ Fax: 727-942-4570
Website: NARI-TampaBay.org
Email: Info@NARI-TampaBay.org
