



2019 MEMBERSHIP 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. Membership in NARI will be pending Board approval and an ethics review. Membership application reviews will take approximately 60 days to complete.

This application is for: Contractor/Remodeler
 Associate Member

COMPANY CONTACT INFORMATION

Company Name (or dba name)

Primary Contact

Principal (if different than primary)

Title (Primary Contact)

Address

City

State

Zip

Telephone

Cell

Fax

Email

Website

Year company was established _____ The company needs to have been in business for ONE full year prior to application submission.

YES NO Have you previously held NARI Membership? If yes, when _____

Who recommended you to NARI? How did you hear about NARI?

List any additional locations (local only) that should be listed in the membership directory.

City

State

City

State

Additional staff to be included on the email distribution list for NARI Metro DC information. This is important for staff to receive Chapter communications.

Name

Email

Name

Email

Name

Email

YES NO Do any of the principals of the company operate or trade under any other name in the construction field?
(If yes, please attach an explanation to this application)

What are your top three reasons for wanting to join NARI?

- Educational Programs and Resources
- Certification
- Regulatory Information
- Networking Business
- Referrals
- Supporting the Industry
- Enhancing your Company Reputation
- Other _____

ETHICS (all applicants)

Please answer ALL questions. We are NOT able to process an incomplete application. Answers will be verified with any and all available resources.

- YES NO Have you/your company ever been subject to disciplinary action by any state with respect to your license? If yes, please attach an explanation separately to this application
- YES NO Any pending complaints? If yes, please attach an explanation separately to this application
- YES NO Any pending lawsuits? If yes, please attach an explanation separately to this application
- YES NO Have there been any judgements against you/your company in the last 5 years (including arbitrations)? If yes, please attach an explanation separately to this application

TRADE REFERENCES

Please provide two trade references that can speak to your company's professionalism, sound business practices, or ethical standards. References must be individuals outside of the company and not subsidiaries or other business units with the same ownership.

1. _____
Name Company

Phone Number Email Address

2. _____
Name Company

Phone Number Email Address

COMPANY INFORMATION

You acknowledge that all information submitted under this section will be verified using any and all available resources.

FEDERAL EMPLOYEE IDENTIFICATION NUMBER EIN _____

LICENSING AND CERTIFICATION

Local Remodelers or any company doing installation services must provide appropriate contractor license information for **each** jurisdiction where they do work. Please provide type (s) and number (s) of license(s) and **copies of each license**. Associates must provide a general business license for **each** applicable jurisdiction and a **copy**.

DC Lic. Type # _____

MD Lic. Type # _____

VA Lic. Type # _____

Please attach photocopies of license(s) with your application.

YES NO EPA Lead-Safe Certified Firm? Certification # _____ Exp. Date _____

INSURANCE

Liability Insurance Company _____ Policy # _____

COMPANY DATA

Please provide data from your company for **LAST** year. (Information specific to your company will be kept in strict confidence... national firms should only provide their gross sales in the Metro DC area)

Estimated Gross Revenue \$ _____ Number of employees (Fulltime) _____

Number of Projects/Year _____ Estimated Volume of Subcontracted Work \$ _____

WORKERS COMPENSATION INSURANCE INFORMATION BY STATE

PLEASE RESPOND FOR EACH LOCATION YOU WORK IN/ARE LICENSED REGARDING YOUR INSURANCE COVERAGE.

MARYLAND – MD law states you must carry Workers Comp if you have one or more employees. If you are an LLC and wish to exempt yourself from Workers Comp please provide copies of the exemption form.

YES NO Do you carry MD Workers Compensation insurance?

If yes, please give carrier and policy number. _____

If no, why not? _____

VIRGINIA – VA law states that you must carry Workers Comp if you have more than two employees and sub contractors are counted as employees in this instance. There is no exemption if you are an LLC.

YES NO Do you carry VA Workers Compensation insurance?

If yes, please give carrier and policy number. _____

If no, why not? _____

DISTRICT OF COLUMBIA – DC law states that you must carry Workers Comp if you have one or more employees. No exceptions.

YES NO Do you carry DC Workers Compensation insurance?

If yes, please give carrier and policy number. _____

If no, why not? _____

SPECIALTIES (CHOOSE FIVE)

Choose up to FIVE specialties. This is used for the online member directory.

<input type="checkbox"/> Additions	<input type="checkbox"/> Design/Build & Remodeling	<input type="checkbox"/> Kitchen & Bath Remodeling
<input type="checkbox"/> Appliances	<input type="checkbox"/> Financial Services	<input type="checkbox"/> Landscaping, Decking, Fencing
<input type="checkbox"/> Architect & Interior Designers	<input type="checkbox"/> Flooring	<input type="checkbox"/> Lighting
<input type="checkbox"/> Basements Remodeling	<input type="checkbox"/> Generators	<input type="checkbox"/> Masonry, Concrete, Asphalt
<input type="checkbox"/> Building Supplies	<input type="checkbox"/> Glass & Mirrors	<input type="checkbox"/> Photography/Videography
<input type="checkbox"/> Cabinetry	<input type="checkbox"/> Green Building-Remodeling	<input type="checkbox"/> Professional Services (Advertising, Insurance, Legal, Marketing, Technology, Website/Support)
<input type="checkbox"/> Closets/Garages/Organizational Systems	<input type="checkbox"/> Historical Renovations	<input type="checkbox"/> Tile, Stone, Marble, Granite
<input type="checkbox"/> Community Services	<input type="checkbox"/> Home Energy Services	<input type="checkbox"/> Trades (electrical, Handyman, HVAC, insulation, painting/drywall, Plumbing)
<input type="checkbox"/> Condo Remodel	<input type="checkbox"/> Home Entertainment/Automation	<input type="checkbox"/> Waterproofing, Mitigation, Fire/Water Restoration
<input type="checkbox"/> Countertops	<input type="checkbox"/> Kitchen & Bath Products	<input type="checkbox"/> Windows Doors

MEMBERSHIP CATEGORY (choose one)

- Local Remodeler (*Contractors, Subcontractors or company providing installation services*)
- Local Associate (*Supplier/Manufacturer or Professional Services*)

MEMBER CATEGORY DUES

NARI Metro DC dues are based on annual sales volume for your company: NARI membership dues are not deductible as a charitable contribution but may be deductible as an ordinary business expense.

A. NARI DUES (Choose One)

Remodelers

- Less than or equal to \$500,000 \$733
- More than \$500,000 to \$1 million \$860
- \$1 million - \$3 million \$1,038
- More than \$3 million \$1,275

Associates (Any firm not a remodeler)

- Less than or equal to \$500,000 \$860
- More than \$500,000 \$1,038

B. PROCESSING FEE \$100 (this fee is non-refundable)

TOTAL DUE (A+B) \$ _____

When submitting this form, please be sure to send in only the \$100 processing fee. We will invoice for full payment when your application is accepted. All memberships expire on December 31.

PAYMENT

Payment by: AMEX MasterCard Visa Check

For Credit Card payments, please contact Elizabeth Gawler at 301-613-6481 or membership@narimetrodc.org, NARI Metro DC Chapter, Director of Membership or enter your credit card information below. Your credit card will be charged \$100 now for the ethics fee and upon approval of the application you will be charged the balance of the membership dues. All dues expire at the end of the year and all dues are prorated after July 1st. **PLEASE INITIAL** here acknowledging you understand that upon approval you will be charged for membership dues.

Name on Card

Card Number

Exp Date

Code

Authorized Signature

Remit check payment and send form to:

NARI Metro DC Chapter
P.O. Box 3462
Merrifield, VA 22116-9998

Questions? Contact Angela Hubbard

T: (703) 400-1858

E: executive@narimetrodc.org

ACKNOWLEDGMENT

Please review this application to ensure that all information is complete and correct. A \$100 non-refundable application processing fee must accompany this application when returned to the NARI Chapter. Please retain a copy for your files. Chapter membership is provisional according and subject to approval of the NARI Chapter Board of Directors.

NARI Metro DC dues are based on gross sales of the most recent complete fiscal year, as detailed above. NARI National Dues of \$220, are included with your local membership and are remitted directly to the National Office. Dues are not deductible as a charitable contribution; however, your dues may be deductible as an ordinary and necessary business expense in accordance with the Omnibus Reconciliation Act of 1993. No portion of local Chapter dues is used for lobbying.

I have reviewed the information contained in this membership application and confirm that the information is correct to the best of my knowledge. Application for membership authorizes NARI to conduct a credit and reference check subject to the Fair Credit Reporting Act and relevant public laws. By applying for membership in NARI, I agree to comply with the Bylaws and Code of Ethics of the Association.

I hereby affirm that my company is in good standing with all state and local licensing laws.

Signature

Date