



Membership Reinstatement

REINSTATEMENT of your NARI Metro DC membership is allowable in the calendar year following your expiration. Complete this form and submit with payment and your membership will be reinstated in both the Chapter and NARI National for the remainder of the year. Dues are not prorated. Reinstating will maintain your continuous membership in NARI and you will be invoiced for next year's dues on the regular schedule of January 1st.

NARI Metro DC dues are based on your last year's gross revenue per the chart page 3. The chapter collects national dues of \$180. **There is a \$100 reinstatement fee.**

COMPANY CONTACT INFORMATION

(Address and contact information only needs provided if it has changed.)

Company Name (or dba name)

Primary Contact

Address

City State Zip

Telephone Cell Fax

Email Website

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

Does the Chapter have your approval to add these emails to the NARI Metro DC Chapter ListServ? YES NO
This online bulletin board is used regularly in helping answer member questions or offer referrals. This is not used for sales solicitation or company promotions. You can opt out at any time.

What are your top three interests in NARI?

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

ETHICS

Answers will be verified with any and all available resources. All members will adhere to the NARI Code of Ethics on page 3.

As required by law, are your licenses displayed on all your marketing material to include your business vehicles, promotional material (to include your web site) and your business cards. YES NO

Have you/your company ever been subject to disciplinary action by any state with respect to your license? YES NO

Any pending complaints?

YES If yes, please attached an explanation separately to this application NO

Are there any pending lawsuits against you/your company?

YES If yes, please attached an explanation separately to this application NO

Have there been any judgments against you/your company in the last 5 years (including arbitrations)?

YES If yes, please attached an explanation separately to this application NO

COMPANY INFORMATION

LICENSING AND CERTIFICATION

All members must provide type(s) and Number(s) of license(s) for applicable jurisdictions annually.

Local Remodelers or any company doing installation services must provide appropriate contractor license information for **each** jurisdiction where they do work. Associates must provide a general business license for **each** applicable jurisdiction.

DC Lic. Type # _____

MD Lic. Type # _____

VA Lic. Type # _____

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

INSURANCE

Liability Insurance Company _____ Policy # _____

Do you carry Workers Compensation insurance? YES NO

If yes, please carrier and policy number. _____

SPECIALTIES (CHOOSE FIVE)

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Additions | <input type="checkbox"/> Exterior Landscapes | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Exterior Products | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Basements Remodeling | <input type="checkbox"/> Exterior Window & Doors | <input type="checkbox"/> (Insurance, Legal) |
| <input type="checkbox"/> Bathroom Designers | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Restoration |
| <input type="checkbox"/> Bathroom Products | <input type="checkbox"/> Green Building | <input type="checkbox"/> Showroom |
| <input type="checkbox"/> Bathroom Remodeling | <input type="checkbox"/> Handyman | <input type="checkbox"/> Technology and Web Support |
| <input type="checkbox"/> Builders | <input type="checkbox"/> Historical Renovations | <input type="checkbox"/> Tile |
| <input type="checkbox"/> Building Supply | <input type="checkbox"/> Home Energy Systems | <input type="checkbox"/> Trades (electrical, painting, |
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Interior Products | <input type="checkbox"/> HVAC, plumbing, dry wall, etc.) |
| <input type="checkbox"/> Cabinetry | <input type="checkbox"/> Kitchen Designers | <input type="checkbox"/> Whole House Remodeling |
| <input type="checkbox"/> Countertops | <input type="checkbox"/> Kitchen Products | <input type="checkbox"/> Other |
| <input type="checkbox"/> Design/Build Company | <input type="checkbox"/> Kitchen Remodeling | |
| <input type="checkbox"/> Exterior Decking & Fencing | <input type="checkbox"/> Photography/Videography | |

MEMBER 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. To the extent that NARI engages in lobbying, \$14.00 of dues are not deductible as an ordinary and necessary business expense.

A. LOCAL DUES (Choose One)

Remodelers

- Less than or equal to \$500,000 \$483
- More than \$500,000 to \$1 million \$610
- \$1 million - \$3 million \$788
- More than \$3 million \$1,025

Associates (Any firm not a remodeler)

- Less than or equal to \$500,000 \$610
- More than \$500,000 \$788

B. NATIONAL DUES \$180

(Required of ALL members unless you belong to multiple Chapters or are a local branch of a NARI National corporate member. If so, please list the Chapter name.) _____

C. REINSTATEMENT FEE \$100 (this fee is non-refundable)

TOTAL DUE (A+B+C) \$_____

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

Name on Card

Card Number

Exp Date

Code

Authorized Signature

Remit payment and send form to:

NARI Metro DC Chapter
P.O. Box 3548
Manassas, VA 20108

Questions? Contact Nancy Copen-Newman

T: (301) 676-3323
E: narimetrodc.nancy@gmail.com

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. 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 most recent complete fiscal year, as detailed above, plus a one-time, non-refundable application processing fee of \$100. Membership dues of \$180 for NARI National are collected by the chapter and 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