



NARI OF MADISON, INC.

MEMBERSHIP APPLICATION

Company Name: _____

Designated Representative: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail _____

Website: _____

Name of Recruiting NARI Member (not required) _____

List any names the company has operated as in the last 5 years: 1 _____ 2 _____

Applicant Profile: PLEASE ANSWER ALL QUESTIONS. (For Association use only and will be kept in strict confidence).

Is your company a member of any other NARI chapter? Yes No, If yes, which Chapter? _____

Have you previously held NARI membership? No Yes If yes, when _____

Industry Type: General Contractor Subcontractor Vendor/Supplier Professional Services

Date Company was established under this FEIN (**Date Only**): _____

Have you obtained all licenses and insurances as required by law? Yes No

If no, please explain _____

Company Type: Sole proprietorship Corporation Partnership LLC Non-Profit/Government

Names of principals/officers of your company

_____ Title _____

_____ Title _____

Why did you join NARI? _____

NARI Madison Mission Statement:

To empower Dane County's remodeling professionals with the trusted NARI brand – championing education, professionalism, and ethics to drive profitability.

Annual Chapter Dues \$825

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

Please review this application to ensure that all information is correct and complete and submit the applicable dues (\$825). Be sure to email your logo upon acceptance to NARI@NARIMadison.org. Applicants not approved will have their money returned minus the \$50 processing fee. Use of the NARI trademark is limited to NARI members who have met all criteria and have been accepted for membership. Payment information must accompany application. Please include check or complete the attached credit card authorization form.

Applicant Background Information

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 have conducted and continue to conduct business in compliance with the NARI Code of Ethics, agree to comply with all NARI bylaws and agree to comply with all applicable laws relating to the remodeling industry or their specialty. Applicants certify that they have no unresolved issues with the BBB of Wisconsin and the WI Department of Agriculture, Trade & Consumer Protection. Note: Membership dues are deductible by members as ordinary and necessary business expenses, however, pursuant to the Omnibus Reconciliation Act of 1993, NARI estimates that \$20.00 of the National dues is not deductible for federal income tax purposes, in part, because dues include a subscription to The Remodelers Journal. Membership is conditional upon approval by the Board of Directors.

Has/Does the Applicant, a predecessor of Applicant or the current owner(s), directors, officers, or managing employees:

- a. Ever been convicted of a crime involving any incident where physical harm or threats toward another person or sexual assault was alleged? _____ Yes _____ No
- b. 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
- c. Ever been a principal or officer of a building or remodeling business whose contractor's license has been revoked, suspended or denied? _____ Yes _____ No
- d. Have any unsatisfied judgments? _____ Yes _____ No
- e. Filed for bankruptcy or protection from creditors within the last 5 years? _____ Yes _____ No
- f. Had any formal administrative action taken by any local, state or federal authority against your business and/or your state contractor license? _____ Yes _____ No
- g. Have any unresolved issues with the Better Business Bureau? _____ Yes _____ No
- h. Have you ever been denied membership to NARI? _____ 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.

Code of Ethics

Each member of NARI is pledged to observe the highest standards of honesty, integrity, and responsibility in the conduct of business:

- **By promoting in good faith only those products and services which are known to be functionally and economically sound, and which are known to be consistent with objective standards of health and safety.**
- **By making all advertising and sales promotions factually accurate, avoiding those practices which tend to mislead or deceive the customer.**
- **By writing all contracts and warranties such that they comply with federal, state, and local laws.**
- **By promoting acknowledging and taking appropriate action on all customer complaints.**
- **By refraining from any act intended to restrain trade or suppress competition.**
- **By obtaining and retaining insurance as required by federal, state, and local authorities.**
- **By obtaining and retaining licensing and/or registration as required by federal, state, and local authorities.**
- **By taking appropriate action to preserve the health and safety of employees, trade contractors, clients and the public.**

By applying for membership in the National Association of the Remodeling Industry (NARI): I agree to comply with the Bylaws and Code of Ethics of the association as a condition of membership. Furthermore, I understand that it is NARI's mission to provide information and services to my organization and that this mission will be accomplished by NARI's use of my postal address, email address, telephone and fax number. I hereby consent to receive communications sent by or on behalf of NARI National and NARI of Madison via regular mail, email or telephone.

Yes, I Consent No Consent

I have reviewed the information contained in this membership application and confirm that this information is correct to the best of my knowledge.

Signature _____ Date _____

Please Return to: NARI of Madison, Inc., 5944 Seminole Centre Court Suite 110, Madison, WI 53711

Phone (608) 222-0670

E-mail NARI@NARIMadison.org

Web Site: www.NARIMadison.org



Dues Credit Card Authorization Form

Company Name: _____

Type of Card: VISA MC DISCOVER AMEX

Account Number: _____

Expiration Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Would you like a receipt? If yes, Email: _____

Please charge my account as follows:

Charge FULL Amount: \$825

Installment Option - \$825

Deposit paid at time of application signature	\$325	\$250	\$250
plus monthly installments at 30 days and 60 days	Deposit Amount	2 installments of – 30 days and 60 days from signature date	

By signing this form, you authorize NARI of Madison, Inc. to charge your card for the amount listed above.

Signed: _____ Date: _____