NARI NEW YORK – MEMBERSHIP APPLICATION INSTRUCTIONS

Please fill out all information including email address and cell phone number. We do not share this with others without prior approval.

• **Contractors, Subcontractors & Trade related applicant:** You must be in business & licensed for one (1) full year, in the company name on your application, to be considered for membership. All others must be in business for 1 full year.

• **Licenses:** If you advertise in print or digitally that you work in a particular area, then you must produce a valid license for that area. **Copies of all licenses must be sent in with your application**

• **Insurance:** You must provide the following original insurance certificates naming NARI NEW YORK, 1797-22 Veterans Memorial Highway Islandia NY 11749 as certificate holder:
  - Liability Insurance
  - Workers Compensation (If you have 1 or more employees)
  - Disability Insurance

• **Other:**
  - EPA RRP registration certificate for Contractors, Remodelers, Painters, Demo Companies and others. (Ask for a full list if you are not sure)

**IMPORTANT:** Application and payment do not guarantee acceptance. Your application is reviewed to determine if you qualify for membership. If the application is deemed suitable it will be forwarded for a vote to the Board of Directors. You will be notified within 15 days of receipt of your application as to whether your application is suitable (or if we need additional information). Your application is then forwarded to the board to vote on your membership.

NARI New York, 1797-22 Veterans Memorial Highway, Islandia NY 11749
SECTION 1:  (Contact Information)

Company Name ____________________________________________________________

Contact Person: * Title: ____________________________________________________
(*name of person designated as company NARI representative)

Cell Phone __________________________ Business Phone: ______________________

E-mail __________________________ Website ____________________________________

Company Mailing Address: _________________________________________________

Billing Address (if different from above): ______________________________________

If you are not a principal in the company, please list principals or immediate supervisor’s name, address & phone:

________________________________________________________________________

Date Company was Established: __________________________ Number of Employees: ______________________

Sponsor referring you to NARI (if any) __________________________________________

Company type:
Sole Proprietorship_____ Corporation_____ Partnership_____ LLC_____ Non-Profit/Government____

Names of principals/officers of your company:

Name: __________________________ Title: __________________________
Name: __________________________ Title: __________________________

Names of other employees who should receive communications from the NARI NEW YORK office:

Name: __________________________ E-mail: __________________________
Name: __________________________ E-mail: __________________________

NARI New York, 1797-22 Veterans Memorial Highway, Islandia NY 11749
SECTION 2: (Profile)

Applicant Profile:
1. What is your industry involvement?
   ___________ Contractor _______ Wholesaler/supplier
   ___________ Lender ____________ Designer/Architect
   ___________ Utility _____________ Manufacturer
   ___________ Other * ____________ Subcontractor

*(Explain)__________________________________________

2. Have you previously held NARI membership? No _______ Yes _______ When__________

3. Please list other trade associations in which you hold membership: ___________________________

CONTRACTORS, SUBCONTRACTORS & TRADE SERVICES ONLY TO FILL OUT SECTION 3 – 5
(If you are not a Contractor, Subcontractor or Trade related service provider proceed to SECTION 6):

SECTION 3: (Licenses)

Please note you must have a license for all areas (including those advertised on your website) in which you work:

<table>
<thead>
<tr>
<th>License</th>
<th>Jurisdiction</th>
<th>Date Issued</th>
<th>Expiration</th>
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SECTION 4: (Insurance)

YOU ARE REQUIRED TO HAVE LIABILITY INSURANCE, DISABILITY INSURANCE & WORKERS COMPENSATION IF YOU HAVE ANY FULL TIME EMPLOYEES: Please provide actual copies as per the instructions as well as noting the details here.

<table>
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<tr>
<th>INSURANCE</th>
<th>Carrier</th>
<th>Policy #</th>
<th>Date Issued</th>
<th>Expiration</th>
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<td>General Liability:</td>
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<td>Workers Compensation:</td>
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<td>Disability Insurance:</td>
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EPA RRP Reg. Number: ________________________________

SECTION 5: (Trade & Specialty)

Please provide a Trade Reference: (some supplier you do business with who will attest to your good remodeling character)

Trade Reference: ________________________________
Phone #: ________________________________ Address: ________________________________
City: ________________________________ State: ________________________________ Zip: ________________________________

AREA OF SPECIALIZATION:

___ General Remodeling
___ Kitchen/bath
___ Windows/Doors
___ Siding
___ Roofing (you need roofing insurance (and license where required)
___ Other (explain) ________________________________

NARI New York, 1797-22 Veterans Memorial Highway, Islandia NY 11749
SECTION 6:  (Credit Report and Fees)

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

MEMBERSHIP DUES: $825 (First year Administrative Fee of $50 Additional – total $875) Payable to NARI NEW YORK.

NARI NEW YORK dues of $825 include National membership dues in the National Association of the Remodeling Industry of $220, which we have agreed to forward to NARI headquarters. NARI membership dues are not deductible as a charitable contribution but may be deductible as an ordinary business expense.

Has/does the applicant’s current owner(s), directors, officers, 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 any licensing authority? ______ 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.
~ The NARI Code of Ethics ~

Each member of the National Association of the Remodeling Industry is pledged to observe high standards of honesty, integrity and responsibility in the conduct of business:

- 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.
- Making all advertising and sales promotion factually accurate, avoiding those practices which tend to mislead or deceive the customer.
- Writing all contracts and warranties such that they comply with federal, state, and local laws.
- Promptly acknowledging and taking appropriate action on all customer complaints.
- Refraining from any act intended to restrain trade or suppress competition.
- Attaining and retaining insurance as required by federal, state, and local authorities.
- Attaining and retaining licensing and/or registration as required by federal, state, and local authorities.

By signing below I agree to abide by the By-Laws and Code of Ethics of NYC/LI National Association of the Remodeling Industry. Lying on this application will result in your application not being considered and in being terminate immediately with no refund if this is discovered during the period of your membership. It is understood & accepted that the payment of all financial commitments are the Member Company’s responsibility for all representatives of said company. All invoices are to be paid within 30 days. Membership dues are non-refundable.

It is understood that upon termination of membership for any reason you must cease and desist from using the NARI Logo in any literature and/or advertising for consumer or trade. You may be held responsible for a breach of a registered trademark which could encompass legal fees and damages. The membership plaque or other insignia of membership is the property of NARI National & NARI NEW YORK and said plaque is to be returned to NARI upon termination of membership, or surrendered to a representative of the organization upon request.

Signature ______________________________  Company ______________________________

Printed Name ______________________________

Date ______________________________

NARI New York, 1797-22 Veterans Memorial Highway, Islandia NY 11749
PROSPECTIVE MEMBER CERTIFICATION

I, ______________________________, am an authorized representative of __________________________ (the “Company”) with the title of ______________________________ and am authorized by the Company to sign and swear, under penalty of perjury, to the validity and accuracy of the following statements:

1. The information I have provided to NARI is true and accurate.

2. The Company will maintain, throughout its operations, all necessary licenses and the insurance in the amounts listed on the certificate(s) provided to NARI.

3. The Company has necessary and appropriate insurance for its operations.

By: ______________________________            Company Name: ______________________________
(Signature of authorized representative)

Title: ______________________________            Company Address:

Date: ______________________________

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