



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, 390-9A Knickerbocker Avenue, Bohemia, NY 11761 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.



SECTION 1: (Contact Information)

Company Name _____

Contact Person: * _____ Title: _____
(*name of person designated as company NARI NY 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 NARY NY (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: _____



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 NARY NY 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:

<i>License</i>	<i>Jurisdiction</i>	<i>Date Issued</i>	<i>Expiration</i>
1.			
2.			
3.			
4.			
5.			
6.			



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

INSURANCE	Carrier	Policy #	Date Issued	Expiration
General Liability:				
Workers Compensation:				
Disability Insurance:				

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) _____



SECTION 6: (Credit Report and Fees)

Application for membership authorizes NARY NY 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 NATIONAL 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 NY? 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 NY 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 NARI NEW YORK. 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 NY upon termination of membership, or surrendered to a representative of the organization upon request.

Signature _____

Company _____

Printed Name _____

Date _____



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

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

Title: _____ Company Address: _____

Date: _____