



# Central Indiana Remodelers Guild, NARI

## MEMBER APPLICATION

### For NARI office use only

Date received at chapter \_\_\_\_\_ 20\_\_\_\_  
 Determination date \_\_\_\_\_  
 Approved Not Approved (√ one)  
 Date Rcvd National office \_\_\_\_\_  
 Date Posted National office \_\_\_\_\_  
 BBB report attached \_\_\_\_\_  
 Credit Report attached \_\_\_\_\_

**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.

Company Name: \_\_\_\_\_

Designated

Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website \_\_\_\_\_

Sponsor: \_\_\_\_\_

### APPLICANT FACTS (for NARI use only; used in strict confidence)

1. What is your industry involvement?

- Contractor
- Wholesaler/Supplier
- Lender
- Designer/Architect
- Utility
- Manufacturer
- Subcontractor
- Other (explain) \_\_\_\_\_

3. Date company was established:

\_\_\_\_\_

4. State or local business license/registration number:

\_\_\_\_\_

\_\_\_\_\_

2. Liability insurance company:

\_\_\_\_\_

2. Have you previously held NARI membership?

- No
- Yes
- When?

Policy

#: \_\_\_\_\_

\_\_\_\_\_

### ACKNOWLEDGMENT

Please review this application to ensure that all information is complete and correct. Dues must accompany this application when returned to the Central Indiana Remodelers Guild - NARI Chapter at the address below (Please retain a copy for your files). Application to the NARI Chapter grants the Chapter permission to conduct a credit check in compliance with the Fair Credit Reporting Act ([www.ftc.gov/os/statutes/fcrajump.shtm](http://www.ftc.gov/os/statutes/fcrajump.shtm)) and relevant public laws. Chapter membership is provisional according to and subject to approval of the NARI Chapter Board of Directors

I have reviewed the information contained in this membership application and confirm that this information is correct to the best of my knowledge and attest that I am in compliance with the Code of Ethics printed at the end of this application, and agree to comply with the Bylaws and Code of Ethics of the Association in the future.

Signature \_\_\_\_\_

Date \_\_\_\_\_

