

**NARI LOCAL MEMBER APPLICATION**

**Greater Sacramento Valley Chapter**

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

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

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

City, State, Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Referred by: \_\_\_\_\_

**APPLICANT PROFILE**

(For NARI use only: to be held in strict confidence. Check all categories that apply)

**What is your industry involvement?**

- Contractor
- Subcontractor
- Wholesaler/Supplier
- Lender
- Designer
- Architect
- Manufacturer

**Company Type**

- Sole Proprietorship
- Partnership
- S Corporation
- Closely-held Corporation
- Public Corporation
- Other: \_\_\_\_\_

**Have you previously held NARI Membership?**

No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, what Chapter and year: \_\_\_\_\_

**Please list other trade association membership:** \_\_\_\_\_

**Principals and officers of your company**

**Date company established:** \_\_\_\_\_

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

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

**Number of full-time employees:** \_\_\_\_\_

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

**Reason for joining:** Please let us know why you are joining and what you hope to receive:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tell us about your company** (what services you provide, your area of specialty, etc

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>DUES STRUCTURE:</b>	
Chapter Dues:	\$325
National Dues:	\$125
<b>TOTAL TO SUBMIT UPON APPROVAL:</b>	<b>\$450</b>



## **ELIGIBILITY**

### **Eligibility for NARI membership requires the following:**

- **You must be actively engaged in the remodeling industry for at least one year**
- **Must hold a current, valid California State Contractors License (if applicable)**
- **Must provide proof of general liability insurance (all applicants)**
- **Must provide proof of workers compensation insurance (if applicable)**

1. California State Contractors License#: \_\_\_\_\_

2. Liability Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_  
(must attach copy to application)

3. Workers Comp. Co. \_\_\_\_\_ Policy #: \_\_\_\_\_  
(must attach copy to application)

(If no employees): I certify my company does not have employees and is exempt from Workers  
Comp: \_\_\_\_\_ (initial)

## **REFERENCES** Please provide at least 4 references (trade or customer)

Trade or Customer Reference: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Trade or Customer Reference: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Trade or Customer Reference: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## **ACKNOWLEDGMENT**

I have reviewed the information contained in this membership application and confirm that this 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 law. By applying for membership in the Greater Sacramento Valley Chapter of NARI, I agree to comply with the bylaws and Code of Ethics (inside application brochure).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note:* Membership dues include a \$15 subscription to NARI National's "The Remodelers' Journal" magazine. Members may not deduct subscription price from dues.

## **SUBMISSION**

Submit this application with proof of liability insurance and workers comp (if applicable). Your application will be reviewed by the Membership Committee and recommended for approval to the Board of Directors. Once approved, you will be invoiced for dues. Your membership is not active until after approval process and the receipt of your dues. \* *All new members are required to attend a New Member Orientation Meeting, Board Meeting and at least one Dinner Meeting.*

**Send your application with attachments to:** Sacramento Chapter of NARI or fax to: 916-685-5970  
P.O. Box 1528  
Elk Grove, CA 95759