

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: _____

Date company established: _____

Number of full-time employees: _____

Please list other trade association membership: _____

Principals and officers of your company

_____ Title: _____

_____ Title: _____

_____ 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

DUES STRUCTURE:

Chapter Dues:	\$325
National Dues:	\$160
TOTAL TO SUBMIT UPON APPROVAL:	\$485



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: _____

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.

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: NARI of Greater Sacramento or fax to: 916-925-7185
1345 Silica Ave. #B
Sacramento, CA 95815