



**ARIZONA CHAPTER MEMBERSHIP APPLICATION**

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

Designated Representative \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ FAX \_\_\_\_\_

Email Address \_\_\_\_\_ Web \_\_\_\_\_

Sponsor \_\_\_\_\_

**APPLICANT PROFILE**

(For NARI use only; to be held in strict confidence)

**1. What is your industry involvement?**

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

Explain: \_\_\_\_\_

**6. Please list other trade associations in which you hold membership: \_\_\_\_\_**

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

**2. Area of specialization (sum = 100%)**

- \_\_\_\_\_ % Roofing                      \_\_\_\_\_ % Replacement Windows
- \_\_\_\_\_ % Insulation                    \_\_\_\_\_ % General Remodeling
- \_\_\_\_\_ % Kitchen/Bath                \_\_\_\_\_ % Electrical
- \_\_\_\_\_ % Other (explain) \_\_\_\_\_

**7. Name of Principals & Officers of your Company:**

\_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_ Title \_\_\_\_\_

**3. Have you previously held NARI membership? ( ) Yes ( ) No When? \_\_\_\_\_ Where? \_\_\_\_\_**

**8. Provide 10 words to describe your Company for the membership directory:**

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

**4. Date Company was established: \_\_\_\_\_**

**5. Company Type:**

- Sole Proprietorship
- Partnership
- Closely-held Corporation
- Public Corporation

**NARI-AZ Chapter Dues - \$500 annually**

*For Office Use:*

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

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

Amount Paid: \_\_\_\_\_

**NARI-AZ Chapter P.O. Box 26985 Scottsdale, AZ 85255 Phone/FAX (480) 419-1631 email: info@aznari.com**



*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 and agree to comply with NARI Bylaws. Membership dues are deductible as ordinary and necessary business expense; however, pursuant to the Omnibus Reconciliation Act of 1993, NARI National estimates that \$20 of dues is not deductible for federal income tax purposes. (Consult your local chapter concerning amounts that may not be deductible due to the chapter's lobbying efforts). Contributions to the National Remodeling Foundation are deductible as charitable contributions.*

- List your state and contractor's license numbers: \_\_\_\_\_
- Liability insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_
- Worker's Compensation Company: \_\_\_\_\_ Policy#: \_\_\_\_\_
- NARI reference, other than sponsor (if any) \_\_\_\_\_
- Customer reference: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- Customer reference: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- Trade reference: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please answer the following questions. These questions are informal in nature, but they will assist our Board of Directors plan future member benefits, programs and events that will promote the Chapter as well as its members.

1. Why do you want to be a member of NARI? \_\_\_\_\_  
 \_\_\_\_\_
2. What do you expect to get out of your NARI membership? \_\_\_\_\_  
 \_\_\_\_\_
3. Do you intend to come to the monthly meetings? ( ) Yes ( ) No
4. What kind of involvement can we expect? \_\_\_\_\_  
 \_\_\_\_\_
5. Will you have more than one person attend the monthly meetings? ( ) Yes ( ) No If so, who? \_\_\_\_\_  
 \_\_\_\_\_
6. What expertise do you excel in and how could this knowledge benefit our association? \_\_\_\_\_  
 \_\_\_\_\_

I have reviewed the information contained in this membership application and confirm that this information is correct to the best of my knowledge. By applying for membership in the National Association of the Remodeling Industry (NARI), I agree to comply with the Bylaws and Code of Ethics of the Association.

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

Mail this form, with \$500 for the Chapter's annual dues to:  
**NARI-AZ Chapter P.O. Box 26985, Scottsdale, AZ 85255 Phone/FAX: (480) 419-1625**