



# NARI OF MADISON, INC. Membership Application

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

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

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

Federal ID# or SS #: \_\_\_\_\_

Name of Sponsoring Member: \_\_\_\_\_

**Applicant Profile: PLEASE ANSWER ALL 10 QUESTIONS.** (For Association use only and will be kept in strict confidence).

**Is your parent company a national member of NARI?**                         **yes**                         **no**

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| <p>1. What is your industry type?</p> <p>_____ Contractor                    _____ Wholesaler/Supplier</p> <p>_____ Lender                    _____ Designer/Architect</p> <p>_____ Utility                    _____ Manufacturer</p> <p>_____ Other _____</p> <p>2. Please indicate your approximate percentage of dollar volume in each of the following areas</p> <p>_____ Residential repair/remodeling</p> <p>_____ Commercial/industrial remodeling</p> <p>_____ New Construction</p> <p>_____ Other _____</p> <p>_____ Total (should equal 100%)</p> <p>3. Areas of specialization (total should equal 100 %)</p> <p>_____ Roofing                    _____ Replacement windows</p> <p>_____ Insulation                    _____ Room additions</p> <p>_____ Kitchen                    _____ Bath</p> <p>_____ Solar                    _____ Heating/AC</p> <p>_____ Siding                    _____ Other _____</p> <p>4. Annual sales volume</p> <p>_____ Up to \$500,000                    _____ \$1-5 million</p> <p>_____ \$500,000-\$1 million                    _____ Over \$5 million</p> | <p>5. Date company was established _____</p> <p>6. Number of full time employees _____</p> <p>7. Company type</p> <p>_____ Sole proprietorship</p> <p>_____ Partnership</p> <p>_____ Corporation</p> <p>_____ Limited Liability Company</p> <p>_____ Other _____</p> <p>8. Please circle trade associations in which you hold membership</p> <p style="text-align: center;">BBB                    GMCC                    MABA</p> <p>OTHER: _____</p> <p>9. Names of principals/officers of your company</p> <p>_____ Title _____</p> <p>_____ Title _____</p> <p>_____ Title _____</p> <p>_____ Title _____</p> <p>10. Have you previously held NARI membership?</p> <p>_____ Yes                    When _____</p> |
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**NARI Mission Statement:**  
*Promoting professionalism, education and ethics within the remodeling industry throughout our community.*

**Applicant Background Information**  
*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 business in compliance with the NARI Code of Ethics, agree to comply with all NARI bylaws and agree to comply with all applicable laws relating to the remodeling industry or their specialty. Applicants certify that they have no unresolved issues with the BBB of Wisconsin and the WI Dept of Trade & Consumer Protection. Note: Membership dues are deductible by members as ordinary and necessary business expenses, however, pursuant to the Omnibus Reconciliation Act of 1993, NARI estimates that \$20.00 of the National dues is not deductible for federal income tax purposes, in part, because dues include a subscription to The Remodelers Journal. Membership is conditional upon approval by the Board of Directors.*

1. Please indicate your state or local license or Registration number from the Dept. of Commerce:

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

2. Liability insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Bank reference \_\_\_\_\_  
Contact \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Bank reference \_\_\_\_\_  
Contact \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Customer reference \_\_\_\_\_  
Contact \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Customer reference \_\_\_\_\_  
Contact \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Trade reference \_\_\_\_\_  
Contact \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Trade reference \_\_\_\_\_  
Contact \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Local Chapter Dues \$450 plus \$25 non-refundable application fee**

Application for membership authorizes NARI to conduct a credit and reference check subject to the Fair Credit Reporting Act and relevant public law.

*Please review this application to ensure that all information is correct and complete and submit the applicable dues (\$450 + \$25 Non-Refundable Application Fee). Applicants not approved will have their money returned minus the application fee. Use of the NARI trademark is limited to NARI members who have met all criteria and have been accepted for membership.*

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 as a condition of membership. Furthermore, I understand that it is NARI's mission to provide information and services to my organization and that this mission will be accomplished by NARI's use of my postal address, email address, telephone and fax number. I hereby consent to receive communications sent by or on behalf of NARI National and NARI of

Madison via regular mail, email, telephone or fax.  Yes, I Consent  No Consent

I have reviewed the information contained in this membership application and confirm that this information is correct to the best of my knowledge.

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

**Please Return to: NARI of Madison, Inc., 49 Kessel Court, Suite 104, Madison, WI 53711-6275**

Phone (608) 222-0670, Fax (608) 222-0061, E-mail [info@remodelingmadison.org](mailto:info@remodelingmadison.org)

Web Site: [www.remodelingmadison.org](http://www.remodelingmadison.org)

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**PLEASE SIGN AND DATE ONLY THE TOP PORTION OF THIS FORM.** We will photocopy your signed reference form and distribute it to the references listed in your application.

Thank you for considering NARI Membership.

Applicant Section



# Bank, Customer or Trade Reference Form

➔ **Bank or Trade Reference for:** \_\_\_\_\_  
(Applicant's Company Name)

➔ **I,** \_\_\_\_\_, **on this day**

\_\_\_\_/\_\_\_\_/\_\_\_\_,

(Applicant's signature)

**an owner and/or officer of the above named business do hereby give my permission to release the information sought on this form for the sole purpose of membership and/or activities as a member in NARI of Madison, Inc.**

Reference Section

**To:**

**From:** NARI of Madison, Inc.

**Date:**

**Re:** Bank, Customer or Trade Reference

The company listed above has applied for membership to NARI of Madison, Inc. You have been listed as a bank, customer or trade reference on their application. Please answer the following questions about the business relationship that exists between you or your organization and the above named business.

- The stated business and our organization have had a business relationship for \_\_\_\_\_ years.
- The stated relationship is: **Satisfactory**    **Unsatisfactory**    at this time. (circle one)

The information provided is true and accurate to the best of my, knowledge:

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

**As this reference is a condition for this business' membership and or participation in a trade show, time is of the essence, so we would appreciate your prompt response.**

Please return this form by fax as soon as possible to:

NARI of Madison, Inc.  
49 Kessel Court, Suite 104  
Madison, WI 53711-6275  
Fax (608)222-0061-- Phone (608) 222-0670—Email: nari@remodelingmadison.org



## **Code of Ethics**

Each member of NARI is pledged to observe the highest standards of honesty, integrity, and responsibility in the conduct of business:

- By promoting only those products and services which are functionally and economically sound, and which are consistent with objective standards of health and safety;
- By making all advertising and sales promotion factually accurate with respect to product description, performance specification, and cost/benefit analysis, and by avoiding practices that tend to mislead or deceive the customer with respect to competitive pricing, savings claims, or the nature and significance of contracts, warranties, finance agreements, completion certifications, lien waivers, or liability and workers' compensation insurance;
- By writing all contracts and warranties such that they are fair and mutually beneficial to all parties concerned, such that they are free of ambiguities or omissions which tend to obscure contractual obligations, and such that warranty terms and provisions are free of the capacity to mislead or deceive the customer as to quality or longevity of the product of service;
- By honoring all contractual obligations until and unless they are altered or dissolved by the mutual consent of all contractual parties concerned, and by fulfilling those obligations in a reasonably prompt manner that is fair to all parties concerned;
- By promptly acknowledging and acting on all customer complaints, and, in situations where complaints appear unreasonable and persistent, by encouraging the customer to initiate an approved third party dispute settlement mechanism; and
- By refraining from any act intended to restrain or suppress competition, and to thereby promote the private enterprise and its guarantee of equal rights for all.