



NATIONAL ASSOCIATION OF
THE REMODELING INDUSTRY
Remodeling Done Right.™

GREATER CHICAGOLAND

**LOCAL CHAPTER
MEMBERSHIP
APPLICATION**

780 LEE STREET, SUITE 108
DES PLAINES, ILLINOIS 60016
TEL. 847-298-6212
SECURE FAX 847-388-4800
EMAIL: INFO@NARICHICAGO.ORG
WEBSITE: WWW.NARICHICAGO.ORG

*Please return this form and any
applicable dues and certificates to
Attention Executive Director, at the
address, email or fax above.*

NATIONAL ASSOCIATION OF THE
REMODELING INDUSTRY CHICAGOLAND
CHAPTER MEMBERSHIP APPLICATION

Please Print—All information must be completed.

Eligibility for NARI membership requires that applicant 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 NARIGC Code of Ethics. Applicants agree to comply with the NARI Bylaws.

Company Name _____

Contact Person(s) _____

Social Security # _____ FEIN _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email Address _____

Website Address _____ Sponsor (if any) _____

Applicant Profile (for NARI use only; to be held in strict confidence). ALL INFORMATION MUST BE COMPLETED:

1. What is your industry involvement?

<input type="checkbox"/> Contractor	<input type="checkbox"/> Wholesale/Supplier
<input type="checkbox"/> SubContractor	<input type="checkbox"/> Manufacturer
<input type="checkbox"/> Lender	<input type="checkbox"/> Designer/Architect
<input type="checkbox"/> Utility	<input type="checkbox"/> Other

 (explain) _____
2. Please indicate your approximate percentage of dollar volume in each of the following areas:

<input type="checkbox"/> Residential Repair/Remodeling
<input type="checkbox"/> Commercial/Industrial Remodeling
<input type="checkbox"/> New Construction
<input type="checkbox"/> Other _____
3. Area of specialization (total should equal 100%)

<input type="checkbox"/> % Roofing	<input type="checkbox"/> % Replacement Windows
<input type="checkbox"/> % Insulation	<input type="checkbox"/> % General Remodeling
<input type="checkbox"/> % Kitchen/Bath	<input type="checkbox"/> % Electrical
<input type="checkbox"/> % Siding	<input type="checkbox"/> % Heating/AC
<input type="checkbox"/> % Other (explain) _____	
4. Have you previously held NARI Membership?

No Yes

 If Yes, When? _____
5. Date company was established: _____
6. Number of full-time employees: _____
6. Company type:

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Closely-held Corporation	<input type="checkbox"/> LLC
<input type="checkbox"/> Public Corporation	
8. Please list other trade associations in which you hold memberships: _____

ALL INFORMATION MUST BE COMPLETED

9. Please indicate your state or local business license number: _____
10. Liability Insurance Company (mandatory): _____ Policy #: _____
11. Workers' Comp. Company if applicable: _____ Policy #: _____

*In Illinois remodeling contractors are required by law (815 ILCS 513/1 et. Seq.) to carry both public liability insurance and, in most cases, insurance of \$10,000 per occurrence covering work contrary to code. **Please provide insurance certificates indicating you carry this insurance or proof you are exempt from its requirements, and supply the insurance company name and policy number.***

12. The Principal owners or stockholders and officers of Applicant are: (List all Officers, Directors, any Shareholder owning 5% or more of the stock of Applicant, all general partners, all members or managers of any Limited Liability Company, and the owner of any Sole Proprietorship.)

Name	Title	Home Address	Home Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For all these Officers, Directors, Shareholders, Partners or Member or Managers please also list (on a separate page) any businesses they have been an officer, director, shareholder, general partner, member or manager or sole proprietorship in during the last 5 years.

It is understood that any incorrect information could disqualify an applicant from membership. Applicant agrees to conform to the National Association of the Remodeling Industry (NARI) Code of Ethics and Association bylaws.

Signed: _____ Title: _____

Permission is granted for a credit check in compliance with the Fair Credit Reporting Act and Public law 91-508 for information regarding the applicant's character, general reputation, and personal characteristics.

Signed: _____ Title: _____

Please Print Name and Title _____

**YOUR MEMBERSHIP IS NOT OFFICIAL UNTIL YOU HAVE BEEN ACCEPTED BY THE NARIGC BOARD OF DIRECTORS.
PLEASE DO NOT REFER TO YOUR COMPANY AS A MEMBER OF NARIGC UNTIL AFTER ACCEPTANCE.**

PAYMENT: FULL DUES OR INSTALLMENT PLAN	
AUTHORIZATION MUST ACCOMPANY APPLICATION	
Annual Dues.....	\$590.00
Filing Fee (for new or lapsed members).....	\$ 30.00
TOTAL.....	\$620.00
<i>(\$200 is waived ONLY if a a primary member in the Milwaukee, Madison, Minnesota, Kansas City, St. Louis, Omaha or Fox Valley (WI) NARI chapters.)</i>	

National Remodeling Foundation Donation (optional): \$ _____

____ Check (Enclosed) ____ VISA ____ MC ____ AmEx

____ Pay in FULL ____ Installment Plan (credit cards only)*

For payments in FULL only:

Card # _____ CVV _____

Name on Card: _____

Expiration Date: _____ Total Enclosed: \$ _____

* Please complete installment plan authorization and include with application.

Note: Membership and dues are deductible as ordinary and necessary business expenses; however, pursuant to the Omnibus Reconciliation Act of 1993, NARI National estimates that \$20.00 of dues is not deductible for federal income tax purposes due to lobbying efforts. (Consult your local chapter concerning amounts that may not be deductible due to the chapter's lobbying efforts.). Contribution to the National Remodeling Foundation are deductible as charitable contributions.