



National Association of the Remodeling Industry  
**Bucks Mont NARI Membership Application**

**When completed, email your application to: Danielle Kates, Membership Chair [danielle@designinterventionbd.com](mailto:danielle@designinterventionbd.com)  
Required fields are indicated in RED.**

**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 the NARI By-Laws.

Company Name: \_\_\_\_\_  
Designated Representative: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
PA Home Improvement Contractor License Number: \_\_\_\_\_  
Please check here if the PAHIC licensing does not apply to your business \_\_\_\_\_  
Sponsor: \_\_\_\_\_

**Applicant Profile** (for NARI use only; used in strict confidence)

- What is your industry involvement?  
 Contractor                       Subcontractor                       Wholesaler / Supplier  
 Architect                               Engineer                               Educator  
 Designer                               Utility                               Real Estate  
 Civic / Municipal                       Insurance                               Manufacturer  
 Banking / Finance / Legal                       Other (please explain) \_\_\_\_\_
- Indicate approximate percentages of work performed in each area (*total should equal 100%*):  
 Residential     Commercial     Industrial     Other: \_\_\_\_\_
- Type of business / specialty: \_\_\_\_\_
- Date company was established: \_\_\_\_\_ Where: \_\_\_\_\_
- Number of employees: \_\_\_\_\_ full-time    \_\_\_\_\_ part-time
- Have you previously held NARI membership?  No     Yes; When? \_\_\_\_\_
- Names of principals and officers of your company:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_ Title: \_\_\_\_\_

8. Has/does the applicant or any company owned by applicant's owner(s), or any of applicant's owner(s), directors, officers, managing employees or qualifying person:
- a. ever been convicted of a crime or been involved in any incident where physical harm or threats toward another person or sexual assault occurred? Yes No
  - b. have any mechanics liens or lien foreclosures (excluding pre-lien notices) filed against any of your projects that have remained unresolved for longer than one year? Yes No
  - c. ever been a principal or officer of a building or remodeling business whose contractor's license has been revoked, suspended or denied? Yes No
  - d. have any unsatisfied judgments? Yes No
  - e. filed for bankruptcy or protection from creditors within the last five years? Yes No
  - f. had any formal administrative action taken by any local, state, or federal authority against your business and/or your state contractor license? Yes No
  - g. have any unresolved issues with the Better Business Bureau? Yes No

*If you answered "Yes" to any of the previous questions, please provide a detailed written explanation, including but not limited to the identity of the person or company involved, and how the matter was resolved or will be resolved if pending.*

**References:**

Name, Contact, and Address of at least one bank with which you do business:

\_\_\_\_\_

Name, Contact, Address, Phone Number of three references you have worked with in the past year: (builders, suppliers, property owners, subcontractors, manufacturers, architects/engineers, member clients...)

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

**Insurance:**

Liability Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Worker's Comp. Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

*A copy of your current liability and workers compensation listing Bucks Mont NARI as a certificate holder must accompany this application. Agents may send to [info@bucksmontnari.org](mailto:info@bucksmontnari.org).*

**Acknowledgement:**

Please review this application to ensure that all information is complete and correct. Dues must accompany this application when returned to Bucks Mont NARI (PO Box 774, Spring House, PA 19774). *Please retain a copy for your files.* Application to the Bucks Mont NARI Chapter grants the Chapter permission to conduct a credit and reference check subject to the Fair Credit Reporting Act and relevant public laws. Chapter membership is provisional according to and subject to approval of the Bucks Mont NARI Chapter Board of Directors.

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 By-Laws and Code of Ethics of the Association.

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

**\*In order to process the application, be sure to enclose full payment along with the application.**

## PAYMENT FORM

**National & Local Dues : \$575.00**

\*To expedite the application the quickest, please provide your credit card information below.

Should you prefer paying with a check, please make all checks payable to: Bucks-Mont Nari

VISA

MasterCard

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing address, if different from application: \_\_\_\_\_

Note: NARI membership dues are deductible as ordinary business expenses; however pursuant to the Omnibus Reconciliation Act of 1993, NARI National estimates that \$14 of dues is not deductible for federal income tax purposes.



### Code of Ethics

Each member of the National Association of the Remodeling Industry is pledged to observe the high standards of honesty, integrity, and responsibility in the conduct of business:

- By promoting in good faith only those products and services which are known to be functionally and economically sound, and which are known to be consistent with objective standards of health and safety.
- By making all advertising and sales promotion factually accurate with respect to product description, performance specification an cost/benefit analysis, and by avoiding those practices which 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 certificates, 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 ten to obscure contractual obligations, and such that warranty terms and provisions are free of the capacity to mislead or deceive the customer as to the quality or longevity of the product or 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.
- By refraining from any act intended to restrain trade or suppress competition, and to thereby promote the private enterprise system and its guaranty of equal rights for all.
- By attaining and retaining insurance as required by federal, state, and local authorities.
- By attaining and retaining licensing and/or registration as required by federal, state, and local authorities.

*I pledge to observe the above standards.*

Signed, \_\_\_\_\_

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

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

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



## Membership Committees

To further enhance the value of your membership and build relationships with other members, consider involving yourself on a committee right away. Please indicate which committee/s you would like to be involved with. A member of that committee will be in touch with you:

- (CotY) Awards
- Community Service
- Education
- Finance
- Marketing
- Membership
- Marketing
- Membership
- Programming

Your membership is inclusive to everyone in your company. Please list any other names and emails of individuals who may also be benefitting from this membership. We will create their own login profile at our website.

**Include Full Name & Email Address:**

**Danielle Kates, Membership Chair [danielle@designinterventionbd.com](mailto:danielle@designinterventionbd.com)**

### **Bucks Mont NARI**

PO Box 774 Spring House, PA 19477

[www.bucksmontnari.org](http://www.bucksmontnari.org)

[nariofbucksmont@gmail.com](mailto:nariofbucksmont@gmail.com)

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