



The mission of the Greater Phoenix Chapter of the National Association of the Remodeling Industry is the professional organization of industry leaders educating and serving the remodeling industry with ethics and integrity.

It's A Good Business Decision

Who is NARI?

NARI is the only national association dedicated to educating and supporting its members with remodeling industry related information they can use to enhance their businesses. Our association also acts as a referral service for its members by providing valuable information to consumers. Our meetings are all about connecting, socializing and education – to build your business.

We also assist members in obtaining their NARI certification...a distinction consumers look for when seeking remodeling help. Your certification will set your business apart from the rest of your industry. Our monthly meetings also offer educational opportunities from trends in kitchens and baths to business leaders in the remodeling industry.

Member Meetings: GP NARI meets on a monthly basis. Our meetings provide a great education forum and are ideal for networking with your industry peers. At our meetings and events you will meet some of the association's officers and members and begin networking your business immediately. Attending a meeting will confirm that our Chapter fits the needs and interests of your business. **For details regarding upcoming events and more NARI information, please visit www.greaterphoenixnari.org.**

Ready To Join Now? Please complete the attached application and send it to the Greater Phoenix NARI office with your check in the amount of \$560.00. This payment represents your annual local and national membership dues. Applicants must be in good standing with the Registrar of Contractors (if applicable) and with the BBB and have been in business for at least one year in Arizona to be eligible for a NARI membership.

Have questions?

Please call GP NARI office at 602.631.4083 or email gpnari@gmail.com.



Application for Membership

Company Name _____

Designated Representative _____ Title _____

Address _____

City _____ State _____ Zip _____

Telephone # _____ Fax _____

Email Address _____ Web _____

NARI Sponsor / Company Name & Contact _____

Applicant Profile: PLEASE ANSWER ALL QUESTIONS.

(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: _____

7. Please list other trade associations in which you hold membership: _____

2. Area of specialization (sum = 100%)
 _____ % Roofing _____ % Replacement Windows
 _____ % Insulation _____ % General Remodel
 _____ % Kitchen/Bath _____ % Electrical
 _____ % Other (explain) _____

8. Name of Principals & Officers of your Company: _____
 Name & Title _____
 Name & Title _____
 Name & Title _____

3. Have you previously held NARI membership?
 Yes No When? _____
 Where? _____

9. Provide 25 words to describe your Company

4. Date Company was established: _____

5. Company Type:
 Sole Proprietorship
 Partnership
 Closely-held Corporation
 Public Corporation

10. List additional employees who should receive NARI communications
 Name _____
 Email _____
 Name _____
 Email _____

6. Number of Employees _____

Chapter Dues \$560 annually
For Office Use:

Date: _____
 Check #: _____
 Amount Paid: _____



Applicant Background Information

Eligibility for membership in NARI requires that applicants be actively engaged in the remodeling industry 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 Arizona or Arizona Registrar of Contractors. Note: membership dues are deductible by applicants as ordinary and necessary business expenses. Acceptance is conditional upon approval by the Board of Directors.

- List your AZ ROC 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: _____
Phone: _____ Email: _____

Customer reference: _____
Contact: _____ Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____

Trade reference: _____
Contact: _____ Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____

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?

Has/does the applicant's current owner(s), directors, officers, managing employees:

- a. Ever been convicted of a crime involving any incident where physical harm or threats toward another person or sexual assault was alleged? _____ 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 5 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
- h. Have you ever been denied membership to NARI? _____ Yes _____ No

If you answered "Yes" to any of the questions listed above, 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.

Code of Ethics

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

Promoting only those products and services which are functionally and economically sound, and which are consistent with objective standards of health and safety;

Making all advertising and sales promotion factually accurate avoiding those practices which tend to mislead or deceive the customer;

Writing all contracts and warranties such that they comply with federal, state and local laws;

Promptly acknowledging and taking appropriate action on all customer complaints;

Refraining from any act intended to restrain trade or suppress competition;

Obtaining and retaining insurance as required by federal, state and local authorities;

Obtaining and retaining licensing and/or registration as required by federal, state and local authorities;

Taking appropriate action to preserve the health and safety of employees, trade contractors, and clients.

Application for membership authorizes GP NARI to conduct a business and reference check.

Please review this application to ensure that all information is correct and complete and submit the applicable payment (\$560). Applicants not approved will have their money returned.

By applying for membership with 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 acceptance. 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 GP NARI 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: GP NARI, P.O. Box 42237, Phoenix, AZ 85080

(602) 631-4083 gpnari@gmail.com

Web Site: www.greaterphoenixnari.org