



NARI of Greater Charlotte, Inc.

P.O. Box 12445 ☐ Charlotte, NC 28220

Telephone: 704.365.NARI (6274)

Email: director@naricharlotte.com ☐ website: www.naricharlotte.com

Full Legal Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Company Phone Number: _____ Fax Number: _____

Website: _____ Email Address: _____

Full Legal Name of Designated Representative: _____

Address: _____ Nick Name: _____

Address 2: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Mobile Number: _____ Email Address: _____

Sponsor (Name & Company): _____

Initial here if we may publish the above listed information: _____

Who referred you? Website Radio NARI member Other

Applicant Profile (For Association use only; to be kept in strict confidence)

WHAT IS YOUR INDUSTRY TYPE (CATEGORY)?

- | | | |
|--------------------|--------------------------|-----------------------|
| Appliance Dealers | Handyman | Painting Suppliers |
| Architects | Home Inspection | Plumbers |
| Building Materials | HVAC | Roofing & Siding |
| Business Services | Insulation Contractor | Sheetrock, Plaster |
| Ceramic Tile | Kitchen & Bath | Specialty Contractor |
| Designers | Kitchen & Bath Suppliers | Structural Specialist |
| Education | Landscape/Irrigation | Waterproofing |
| Floor Coverings | Marble & Stone | Windows & Doors |
| GCs Design Build | Painting Contractors | Other (state below) |

BUSINESS DESCRIPTION: _____

PLEASE INDICATE YOUR APPROXIMATE PERCENTAGE OF DOLLAR VOLUME IN EACH OF THE FOLLOWING AREAS:

Residential Repair _____

New Construction _____

Commercial _____

Other (total = 100%) _____

ANNUAL SALES VOLUME:

Up to \$50k

\$51k-\$100k

\$101k-\$200k

\$201k-\$500k

\$501k-\$2m

\$2m & Above

HAVE YOU PREVIOUSLY HELD NARI MEMBERSHIP?

NAME OF PRINCIPALS AND OFFICERS OF YOUR COMPANY:

No Yes When? _____
Date Company was Established? _____
Number of Full-Time Employees: _____
Number of Part-Time Employees: _____

Title: _____
Title: _____
Title: _____
Title: _____

COMPANY TYPE: Sole Proprietorship / Partnership / Corporation/ Franchise

PLEASE LIST OTHER TRADE ASSOCIATIONS IN WHICH YOU HOLD

MEMBERSHIP: In order to be considered for NARI membership you must have been in the industry for one (1) year.
No incomplete applications will be reviewed.

PAY BY MAIL, PHONE or EMAIL

Attached is our Payment for \$525 –(please check one) [] Check Enclosed [] MasterCard [] VISA [] Am Ex []

Card Number _____ Expiration Date _____

APPLICANT BACKGROUND INFORMATION

Please indicate your State &/or Local License Number: _____
(please provide a copy with application)

Have you or your company filed for Bankruptcy in the last 10 years? If yes, explain

Have any judgment Liens, mechanics liens, or tax liens been filed against you in the last 10 years? If yes, explain

Has your professional license ever been suspended or revoked in the last 10 years? If yes, explain

Have you ever had, in the last 10 years, an application for a professional license rejected? If yes, explain

In the last 5 years have there been any law suits filed against you or your company regarding your professional services?
If yes, explain _____

Have you or your company suffered any criminal penalties in the past 7 years? If yes, explain

Have you performed any business in the last 5 years for which a license was required when you did not have a license? If
yes, explain _____

Are you and your company under investigation by any licensing board or law enforcement agency? If yes, explain

Do you authorize NARI of Greater Charlotte, Inc. to run a credit report and/or a background check?

Has applicant been on criminal probation for the past 5 years? If yes, explain

Are you a US citizen? If no, explain _____

What is your state of incorporation? _____

Privilege License Number: _____

Liability Insurance Company: Policy Number: _____

Worker’s Compensation Carrier: _____

Circle Committee of interest: Marketing – Education – Trade Show – Membership – Financial – Contractor of the Year

BANK REFERENCE

Name Contact: _____

Address: City, State and Zip: _____

CUSTOMER REFERENCES (LOCAL)

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

SUPPLIER REFERENCES

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

- Eligibility for NARI membership requires that applicants must have been actively engaged in the remodeling industry for one (1) year.

I have reviewed the information contained in this membership application and confirm that this information is correct to the best of my knowledge. Any incorrect or willfully misleading information supplied on the membership application will be grounds for denial of membership or revocation of membership. (Applicants shall not indicate through any form of advertising or publicity that they are members of the chapter until their application is approved.) Applicants not approved will have their money refunded.

Upon approval for membership, we agree to abide by the rules and regulations of NARI National & NARI of Greater Charlotte, Inc. with its Code of Ethics and Standards of Practice, bylaws and other regulations enacted by the Board of Directors and/or as defined in the bylaws. We further agree to mediate all disputes between our firm and other members, and the public, in accordance with procedures set up by the Board of Directors and /or defined in the bylaws.

By signing this form you agree that you are authorized to make decisions about what fax transmissions may be received. This is done in compliance with FCC regulations regarding fax transmissions and you authorized NARI to communicate with your firm by fax and e-mail.

Signature: _____ Title: _____ Date: _____

For Internal Use Only

Accepted by the NARI of Greater Charlotte, Inc. Board of Directors on this _____ day of _____, 2008
NARI of Greater Charlotte, Inc.

By: _____

Title: _____