



# NARI of Greater Charlotte, Inc.

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Email: [director@naricharlotte.com](mailto:director@naricharlotte.com) ♦ website: [www.naricharlotte.com](http://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:** \_\_\_\_\_

Please include a digital photograph of representative & your company logo on CD

Who referred you?  Website  Radio  NARI member \_\_\_\_\_  Other \_\_\_\_\_

### **PAY BY MAIL, FAX, PHONE or EMAIL**

**Attached is our Payment for \$485 –**  Check Enclosed  MasterCard  VISA  Am Ex  
(please check one)

**Card Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

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

#### **WHAT IS YOUR INDUSTRY TYPE (CATEGORY)?**

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

#### **BUSINESS DESCRIPTION:**

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

#### **HAVE YOU PREVIOUSLY HELD NARI MEMBERSHIP?**

No  Yes When? \_\_\_\_\_

Date Company was Established? \_\_\_\_\_

Number of Full-Time Employees: \_\_\_\_\_

Number of Part-Time Employees: \_\_\_\_\_

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

- Residential Repair  
 New Construction  
 Commercial  
 Other (total = 100%)

#### **NAME OF PRINCIPALS AND OFFICERS OF YOUR COMPANY:**

\_\_\_\_\_  
Title: \_\_\_\_\_  
 \_\_\_\_\_  
Title: \_\_\_\_\_  
 \_\_\_\_\_  
Title: \_\_\_\_\_  
 \_\_\_\_\_  
Title: \_\_\_\_\_

#### **ANNUAL SALES VOLUME:**

- Up to \$50k  
 \$51k-\$100k  
 \$101k-\$200k  
 \$201k-\$500k  
 \$501k-\$2m  
 \$2m & Above

#### **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.**

## 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: Public Relations – Education – Trade Show – Membership – Financial

### BANK REFERENCE

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

Address: \_\_\_\_\_ City, State and Zip: \_\_\_\_\_

### CUSTOMER REFERENCES (LOCAL)

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

### SUPPLIER REFERENCES

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

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

Phone: \_\_\_\_\_

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, bylaw,s 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: \_\_\_\_\_