



North Bay NARI Roundtable Member Application

Company Name: _____
 Social Security or FEIN: _____
 Designated Representative: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 E-mail: _____
 Sponsor: _____

APPLICANT PROFILE *(for NARI use only; to be held in strict confidence)*

1. What is your industry involvement?

- Contractor
- Wholesaler/Supplier
- Lender
- Designer/Architect
- Utility
- Manufacturer
- Subcontractor
- Other (explain) _____

6. Date company was established: _____

7. Number of full-time employees: _____

8. Company type:

- Sole Proprietorship
- Partnership
- Closely-held Corporation
- Public Corporation

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

_____ Residential repair/remodeling
 _____ Commercial/industrial remodeling
 _____ New construction
 _____ Other _____
 _____ Total (should equal 100%)

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

10. Names of principals and officers of your company:

_____ Title _____
 _____ Title _____
 _____ Title _____

3. Area of Specialization: *(total should equal 100%)*

_____ % Roofing
 _____ % Insulation
 _____ % Kitchen/Bath
 _____ % Siding
 _____ % Replacement Windows
 _____ % General Remodeling
 _____ % Electrical
 _____ % Heating/AC
 _____ % Other _____

DUES

Local Member Dues	\$300.00
National Remodeling Foundation donation (optional)	_____
Total	_____

4. Annual Sales Volume

_____ Up to \$500,000
 _____ \$500,000 - \$1 million
 _____ \$1 - 5 million
 _____ Over \$5 million

PAYMENT: Please note that we currently only accepts checks.

- Check VISA Mastercard

Card #: _____

Expiration Date: _____

Signature: _____

Date: _____

5. Have you previously held NARI membership?

- No Yes When? _____

