



NARI MEMBERSHIP REINSTATEMENT

REINSTATEMENT of your NARI membership is allowable in the calendar year following your expiration. Simply complete this form and submit with payment and your membership will be reinstated in both the Chapter and NARI National for the remainder of the year. Dues are not prorated. Reinstating will maintain your continuous membership in NARI, and you will be invoiced for next year's dues on the regular schedule.

NARI Metro DC dues are based on your last year's gross revenue, per the chart on the following page. National dues of \$160 are collected by the chapter. There is a \$100 reinstatement fee.

By signing this form you are acknowledging that the information on this reinstatement application is correct, that your licenses and insurance are up to date as indicated on the form, and that you are continuing to abide by the NARI Code of Ethics.

COMPANY INFORMATION

Company Name _____

Primary Contact _____

Title _____

Address _____

City _____

State _____

Zip _____

Telephone _____

Cell phone _____

Fax _____

Email _____

Web site _____

ANNUAL COMPANY DATA

Please provide data from your company for LAST year. *(Information specific to your company will be kept in strict confidence)*

Estimated Gross Revenue _____

Estimated Marketing/Advertising budget _____

Number of employees (FTEs) _____

Number of Projects _____

Estimated \$ Volume of Subcontracted work _____

Will you be hiring next year? _____

Will you be increasing Marketing/Adv. next year? _____

LICENSING AND CERTIFICATION

In which jurisdictions are you licensed to do business (indicate type of license)

DC (Lic. Type (s) _____)

MD (Lic. Type (s) _____)

VA (Lic. Type (s) _____)

EPA Lead-Safe Certified Firm? Yes No

Certification #: _____ Exp. Date _____

INSURANCE

Liability insurance company _____

Policy # _____



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ETHICS (all applicants)

Have you/your company ever been subject to disciplinary action by any state with respect to your license?
Any pending complaints?

NO YES (If yes, please attach an explanation to this application)

Have there been formal complaints filed with any other trade associations against you/your company?

NO YES (If yes, please attach an explanation to this application)

Are there any pending lawsuits against you/your company?

NO YES (If yes, please attach an explanation to this application)

Have there been any judgments against you/your company in the last 5 years (including arbitrations)?

NO YES (If yes, please attach an explanation to this application)

DUES

NARI Metro DC dues are based on annual sales volume for your company

A. LOCAL DUES (Choose One)

Remodelers

Less than \$500,000.....\$420

\$500,000 to \$1 million.....\$530

\$1 million to \$3 million.....\$685

More than \$3 million.....\$895

Vendors

Less than \$500,000.....\$530

More than \$500,000.....\$685

B. NATIONAL DUES.....\$160

C. REINSTATEMENT FEE.....\$100

TOTAL DUE (A+B+C).....\$

PAYMENT

Payment will be made by

American Express Mastercard Visa Check (Make check payable to NARI Metro DC)

Card # _____

Exp Date _____ Security Code _____

Signature _____

ACKNOWLEDGMENT

Please review this form to ensure that all information is complete and correct. Dues must accompany your reinstatement form when returned to the NARI Chapter. Please retain a copy for your files.

Signature _____ Date _____

Remit to:

NARI Metro DC Chapter
9707 Key West Avenue, Suite 100
Rockville, MD 20850

T (240) 404-6505 F (301) 990-9771

E execdirector@narimetrodc.org

W <http://www.narimetrodc.org>