



Greater Omaha Remodelers Association- NARI
 P.O. Box 390715
 Omaha, NE 68139-0715
 Phone: 402-331-1718 Email: info@omahanari.org
 Fax: 888-557-5263 Website: www.omahanari.org

For NARI office use only

Date received at chapter _____
 Determination date _____
 Approved Not Approved
 BBB report attached
 State Registration attached

MEMBER APPLICATION (for NARI use only; used in strict confidence)

Company Name: _____

Designated Representative: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Cell Phone: _____

E-mail: _____ Website: _____

Sponsor (referring NARI member, if applicable): _____

1. What is your industry involvement? (check all that apply, 3 per member company will be listed on printed chapter materials)

- | | | |
|--|---|--|
| <input type="checkbox"/> Advertising, Marketing & Printing | <input type="checkbox"/> Insulation Contractor | <input type="checkbox"/> Plumbers |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Insurance | <input type="checkbox"/> Plumbing Suppliers |
| <input type="checkbox"/> Banking/Financing | <input type="checkbox"/> Interior Design Consultants | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Cabinetry or Closets-Design/Custom | <input type="checkbox"/> Interior Finishes (Fireplaces, Countertops,
Shower Doors, Mirrors, Door Hardware,
Knobs & Pulls) | <input type="checkbox"/> Remodeling – Commercial |
| <input type="checkbox"/> Concrete Construction | <input type="checkbox"/> Landscape/Hardscape | <input type="checkbox"/> Remodeling Residential (kitchens, baths,
basements, decks, carpentry, additions, whole
house remodels, repairs) |
| <input type="checkbox"/> Design and Drafting Services | <input type="checkbox"/> Legal | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Design Build/Remodeling Designs | <input type="checkbox"/> Light Fixtures, Fans & Lighting control
systems | <input type="checkbox"/> Water Drainage Systems Contractor/
Basement Waterproofing |
| <input type="checkbox"/> Electrical-Contractor/Service & Repair | <input type="checkbox"/> Lumberyards/Building Suppliers | <input type="checkbox"/> Windows, Doors, Storm Doors – Suppliers |
| <input type="checkbox"/> Electronics/Home Theater | <input type="checkbox"/> Marble, Granite & Slate | <input type="checkbox"/> Windows – Contractors |
| <input type="checkbox"/> Exterior Remodeling -Roofing, siding, soffits
and gutters, vinyl decks, outdoor lighting | <input type="checkbox"/> Movers | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Exterior Remodeling – Supplier | <input type="checkbox"/> New Construction | |
| <input type="checkbox"/> Flooring (tile, hardwood floors, carpet) | <input type="checkbox"/> Painting Contractors | |
| <input type="checkbox"/> General Contractor | | |
| <input type="checkbox"/> Heating & Air Conditioning | | |

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

3. Have you been in business one year or more? Yes No **Year company was established:** _____

4. Have you conducted your business in compliance with NARI's Code of Ethics in the past year? Yes No

5. Will you agree to abide by NARI's Code of Ethics in the conduct of your business? Yes No

6. State registration and local business license number: _____

7. Liability Insurance Company (attach COI): _____ **Policy #:** _____

ACKNOWLEDGMENT Please review this application to ensure that all information is complete and correct. Dues must accompany this application when returned to the NARI Chapter at the address above (Please retain a copy for your files). Application to the NARI Chapter grants the Chapter permission to conduct a credit check in compliance with the Fair Credit Reporting Act (www.ftc.gov/os/statutes/fcrajump.shtml) and relevant public laws. Chapter membership is provisional according to and subject to approval of the NARI Chapter Board of Directors.

I have reviewed the information contained in this membership application and confirm that this information is correct to the best of my knowledge and attest that I am in compliance with the NARI Code of Ethics (available on Member Resources tab on chapter website), and agree to comply with the Bylaws and Code of Ethics of the Association in the future.

Signature _____ **Date** _____

NOTE: NARI membership dues are not deductible as a charitable contribution but may be deductible as an ordinary business expense. To the extent that NARI engages in lobbying, \$14 of dues are not deductible as an ordinary and necessary business expense. The local chapter has also included membership dues in the National Association of the Remodeling Industry, which they have agreed to forward to NARI headquarters. Contributions to the National Remodeling Foundation (deductible as charitable contributions) may be included with your dues payment.

NARI Local Chapter Dues	\$ 290.00	Payment Type:
NARI National Dues	\$ 180.00	Check # _____
NRF Contribution	\$ _____ <input type="checkbox"/>	Credit Card (Please call in to office)
Total Enclosed	\$ _____ (dues total \$470)	