



**CONTRACTOR MEMBERSHIP APPLICATION AGREEMENT**

I (we) the undersigned, hereby apply for membership in the NARI/RCA Inc., and agree to abide by the Standards of The Remodeling Contractors Association and the National Association of the Remodeling Industry as listed below

**STANDARDS OF ASSOCIATION MEMBERSHIP**

1. To be in business not less than one (1) year, or be as separately located unit of an established business or organization whose principal officer has furnished a favorable record in this Association's files or in those of any remodeling contractor's association.
2. If necessary, supply background information about company, principals and employees, or other information deemed essential to the Association's responsibility to provide inquiries with factual reports which bear on the reliability of businesses.
3. To cooperate with the Association's activities and efforts to promote voluntary self-regulation.
4. To respond to any and all complaints forwarded by the Association.
5. To supply, upon request, the evidence upon which any advertising or selling claim is based.
6. To adhere to established NARI/RCA, Inc. Standards of Advertising and Selling and to cooperate with the Association in matters relating there to.
7. To use the name or logo for NARI or Remodeling Contractors Assoc. only as authorized by the Board of Directors.
8. Dues for membership term will be \$399.00.

I (we) agree to pay a Membership Fee in advance, commencing immediately. It is understood that upon approval of the Board of Directors of the NARI-RCA, Inc. I (we) will receive all rights and privileges of membership in accordance with the By-Laws of the Association. And, I (we) agree to abide by the Code of Ethics of the National Association of the Remodeling Industry.

**Please complete the following information, incomplete applications will not be processed, please print.**

COMPANY NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL ADDRESS:	
NAME OF BUSINESS OWNER:		REG/LICENCE #:	
<b>PLEASE PROVIDE TWO (2) BUSINESS REFERENCES</b>			
REFERENCE 1:			
REFERENCE 2:			
DATE YOUR BUSINESS WAS FOUNDED:		TYPE OF COMPANY:	
<b>METHOD OF PAYMENT</b>			
VISA/MASTERCARD ACCOUNT #:	SECURITY # ( on back)	EXP DATE:	AUTH AMT:
<b>IF PAYING BY COMPANY CHECK, PLEASE ENCLOSE YOUR CHECK WITH APPLICATION WHEN RETURNED BY MAIL</b>			
APPLICANT SIGNATURE:		DATE:	

EMAIL OR FAX COMPLETED APPLICATIONS ONLY IF PAYING BY CREDIT CARD TO  
Fax: (203) 879-0063  
Email: info@narict.org