



AUSTIN NARI MEMBERSHIP APPLICATION

Company Information

Legal Business Name: _____

DBA (Doing Business As): _____

Designated Representative: _____

Title: _____

Company Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Cell Phone: _____

Website: _____

Primary Email: _____

Accounting Email: _____

Social Media Links:

- Facebook _____
- Instagram _____
- LinkedIn _____





Business Information

Date Business Established: _____

Years in Business: _____

Texas Entity Type:

- LLC
- Corporation
- Sole Proprietor
- Partnership
- Other _____

Texas SOS File Number (if applicable): _____

Industry Category:

- Remodeling Contractor
- Custom Home Builder
- Specialty Contractor
- Designer
- Architect
- Supplier
- Manufacturer
- Lender
- Realtor
- Service Provider
- Other _____

Insurance Information

General Liability Insurance Carrier: _____

Policy Number: _____

Expiration Date: _____

Workers Compensation Carrier (if applicable): _____



Certificate of Insurance Available?

- Yes
- No

Membership Information

Have you previously been a NARI member?

- No
- Yes

If yes, Chapter: _____

Years Active: _____

How did you hear about Austin NARI?

Were you referred by a member?

- Yes
- No

If yes, who? _____

Committee Interest

Please check all that interest you:

- Membership
- Workforce Development
- Tour of Remodeled Homes
- Remodeler of the Year (RotY)
- WIN (Women in NARI)
- Golf Tournament
- Clay Shoot
- Toy Drive



- Backpack Drive
- General Membership Meetings
- Speakers Committee

Communication Preferences

Primary Event Contact Email:

-
- Opt Out of Event Emails

Primary Text Message Number:

-
- Opt Out of Text Messages

Additional Team Members to Receive Communications:

Name Email Cell Phone

Remodeler / Builder Profile

(For Website Search & Consumer Referrals)

Service Area Zip Codes:

Minimum Project Size: _____

Maximum Project Size: _____





Services Offered

- Whole House Remodel
 - Kitchen Remodel
 - Bathroom Remodel
 - Room Additions
 - Outdoor Living
 - Outdoor Kitchens
 - Decks
 - Landscaping
 - Windows
 - Doors
 - Roofing
 - Siding
 - New Construction
 - Commercial
 - Other _____
-

Required Documents

Please submit by email: info@austinnari.org

- Company Logo (PNG or JPG)
 - Certificate of Insurance
 - W-9 (optional)
 - Headshot of Designated Representative
 - Website URL
-





Acknowledgement

I certify that the information provided is true and accurate. I agree to abide by the NARI Code of Ethics, Bylaws, and Austin NARI policies. I authorize Austin NARI to verify information provided in this application and conduct reasonable business background research related to membership eligibility.

Signature: _____

Print Name: _____

Date: _____

Membership Dues

Annual Membership Dues: \$834

Includes:

- Austin NARI Membership
- National NARI Membership
- Website Listing & Company Logo
- Access for All Company Employees
- Member Pricing on Events & Sponsorships

Payment Method:

- Check
 - ACH
 - Credit Card (processing fee may apply)
-



Austin NARI Office Use Only

Date Received: _____

Processor: Kayvon Leath

Board Approval Date: _____

Approved

Not Approved

Member ID #: _____

This version looks much more professional and captures the information you regularly ask new members for during onboarding.

