



# MEMBERSHIP APPLICATION

ANNUAL MEMBERSHIP - ASSOCIATES: \$750  
REMODELING CONTRACTORS: \$550  
STUDENTS: \$10 RETIRED MEMBERS: \$0

*ELIGIBILITY for PRO New England membership requires that applicants be actively engaged in the remodeling industry for at least one full year prior to application.*

## APPLICANT INFORMATION

Company Name: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

List other company representatives to receive direct communication from PRO New England (use separate sheet if necessary).

Accounting Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Marketing Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Contact #3 \_\_\_\_\_ Email: \_\_\_\_\_

### 1. Company Type

- |  |   |                                  |
|--|---|----------------------------------|
| <input type="checkbox"/> Remodeling Contractor | <input type="checkbox"/> Supplier/Manufacturer  | <input type="checkbox"/> Student |
| <input type="checkbox"/> Designer/Architect    | <input type="checkbox"/> Professional Service   | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Subcontractor/Trade   | <input type="checkbox"/> Non-Profit Org./School |                                  |

2. Have you been a member of the organization before? NO YES If so, when? \_\_\_\_\_

3. Date company was established: \_\_\_\_\_

4. Number of employees: \_\_\_\_\_

5. Average number of jobs each year: \_\_\_\_\_

6. Annual sales volume: \_\_\_\_\_

7. Have you or others at your company worked for another PRO member company in the last five years? \_\_\_\_ NO \_\_\_\_ YES

### 8. Approximate % of Revenue Spent on:

Windows/Doors: \_\_\_\_\_ Lighting: \_\_\_\_\_ HVAC: \_\_\_\_\_

Appliances: \_\_\_\_\_ Siding: \_\_\_\_\_ Vehicles: \_\_\_\_\_

Counters: \_\_\_\_\_ Tools: \_\_\_\_\_ Plumbing Fixtures: \_\_\_\_\_

Roofing: \_\_\_\_\_ Home Automation: \_\_\_\_\_ Flooring: \_\_\_\_\_

Lumber: \_\_\_\_\_ Cabinets: \_\_\_\_\_ Finance/Insurance: \_\_\_\_\_

## REQUIRED LICENSES AND INSURANCE

Please provide proof of General Liability Insurance by forwarding a *Certificate of Insurance* from your agent. If your business has employees, include proof of Workers' Compensation Insurance. If your business has vehicles, include proof of auto insurance. **Certificate of Insurance must accompany your application.**

1. Does your business act as a Home Improvement Contractor?

HIC Number: \_\_\_\_\_ Construction Supervisor's License (CSL) Number: \_\_\_\_\_

2. Is your business a Trade Service Vendor?

Trade License Type: \_\_\_\_\_ Trade License Number: \_\_\_\_\_

3. Does your company perform product installations? **Y/N** Work on homes older than 1978? **Y/N**  
Perform painting work? **Y/N**

For work in Massachusetts:

RRP Training Certificate Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

RRP License Number: \_\_\_\_\_ Town: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

For work in other states:

EPA Certification Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

4. If applying for Retired Member status, please list your former company name:

Company: \_\_\_\_\_ Year Retired: \_\_\_\_\_

5. If applying for Student Membership status, please list the following information:

School Name: \_\_\_\_\_ Expected Graduation Year: \_\_\_\_\_

Area of Study: \_\_\_\_\_

## ACKNOWLEDGMENT

Please review this application to ensure that all information is complete and correct. Dues must accompany this application. Membership is provisional and subject to approval of the PRO New England 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment Type:  Check Payable to: Professional Remodeling Organization of New England

Credit Card: To pay by Credit Card, please visit [pro-ne.org/pay](http://pro-ne.org/pay)

Return application, certificate of insurance, and payment to: [Joanne@PRO-NE.ORG](mailto:Joanne@PRO-NE.ORG)

Or

Mail to: PRO New England, 831 Beacon Street #186, Newton Center, MA 02459