Note: Download and complete this application using Adobe Acrobat Reader or another full-featured PDF Software.

PRO PROFESSIONAL REMODELING ORGANIZATION NEW ENGLAND

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 before application.

APPLICANT INFORMATION

Company Name: _____ Sponsor: _____

Address: _____ City: _____ State: _____ Zip: _____

Representative:_____ Title: _____

OfficePhone:_____ 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:

☐ Remodeling Contractor	☐ Supplier/Manufacturer	☐ Student
☐ Designer/Architect	☐ Professional Service	☐ Retired
☐ Subcontractor/Trade	☐ Non-Profit Org./School	

2. Have you been a member of PRO (or EM NARI) before? ___ NO ___ YES. 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. If yes, when? _____

8. Approximate % of Revenue Spent on:

Windows/Doors:	_____	Lumber:	_____	Home Automation:	_____
Appliances:	_____	Lighting:	_____	Cabinets:	_____
Counters:	_____	Siding:	_____	HVAC:	_____
Roofing:	_____	Tools:	_____	Vehicles:	_____
Plumbing Fixtures:	_____	Flooring:	_____	Finance/Insurance:	_____

REQUIRED LICENSES AND INSURANCE

Required Insurance Documents:

1. Forward a Certificate of Insurance from your insurance agent demonstrating proof of General Liability Insurance.
2. If your business has employees, provide proof of Workers' Compensation Insurance.
3. If your business has vehicles, include proof of auto insurance. Certificate of Insurance must accompany your application.

Required Business Information:

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. a) Does your company perform product installations? ___ NO ___ YES. b) Work on homes older than 1978? ___ NO ___ YES. c) If yes, w Perform painting work? ___ NO ___ YES. If yes, w

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 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: Please pay your membership fee here: Associate Dues-$750 Remodeler Dues-$550

Return application, proof of insurance, and payment to: Joanne@PRO-NE.ORG
Or
Mail to: PRO New England, 831 Beacon Street #186, Newton Center, MA 02459