



PROFESSIONAL  
REMODELING  
ORGANIZATION  
NEW ENGLAND

## MEMBERSHIP APPLICATION

ANNUAL MEMBERSHIP (EXCEPT REMODELING CONTRACTORS): \$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. **In addition to completing the application, please provide a brief company description.**

### 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).

Contact for Accounting: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact for Marketing: \_\_\_\_\_ Email: \_\_\_\_\_  
Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Name: \_\_\_\_\_ Email: \_\_\_\_\_

#### 1. Company Type

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

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. Approximate % of Revenue Spent on:

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

## REQUIRED LICENSES AND INSURANCE

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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' Comp insurance.** If your business has vehicles include proof of Auto Insurance. *Certificate of Insurance* must accompany 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? Work on homes older than 1978? Perform painting work?  
For work in Massachusetts:  
RRP Training Certificate Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
RRP License Number and Town: \_\_\_\_\_ Town: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
For work in other states:  
EPA Certification Number: \_\_\_\_\_ EPA 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

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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: ☐ Credit Card ☐ Check (Make payable to: Professional Remodeling Organization of New England)

Card#: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV Security Code: \_\_\_\_\_

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

Or

Mail to: PRO-NE, 831 Beacon Street #186, Newton Ctr, MA 02459

Questions? Please contact us at:

PH: 508.907.6249 or EMAIL: [Joanne@PRO-NE.ORG](mailto:Joanne@PRO-NE.ORG).