PROFESSIONAL REMODELING ORGANIZATION
NEW ENGLAND

# MEMBERSHIP APPLICATION

**ANNUAL MEMBERSHIP (EXCEPT REMODELING CONTRACTORS): $750**
**REMODELING CONTRACTORS: $550**
**ENTERPRISE MEMBERSHIP (MULTIPLE COMPANIES): CUSTOM PRICING**

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

**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

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
**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.