



**THE CAROLINAS HOME IMPROVEMENT AND CONSTRUCTION NETWORK, LTD.**

P.O. Box 25765, Charlotte, NC 28229

TEL: 704.123.4567 FAX: 704.987.6543

Web Site: [www.CarolinasHomeImprovementPros.com](http://www.CarolinasHomeImprovementPros.com)

**Full Legal Name of Company:** \_\_\_\_\_

Address: \_\_\_\_\_

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

Company Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Web Site: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Full Legal Name of Designated Representative:** \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Sponsor** (Name and Company): \_\_\_\_\_

\_\_\_\_\_ Please initial here if we may publish the above listed information.

(NOTE: Please include a digital copy of your company logo on CD.)

Who referred you?  Web Site  Radio  Member \_\_\_\_\_  Other \_\_\_\_\_

**Attached is Our Payment  
\$300.00 (Contractor) or \$400.00 for (Supplier)**

**In order to be considered for membership, you must have been in the industry  
for three (3) years.**

**Applicant Profile (Confidential: For Association Use Only)**

**INDUSTRY TYPE:**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Appliance Dealers  | <input type="checkbox"/> Electrical            | <input type="checkbox"/> Kitchen & Bath            | <input type="checkbox"/> Roofing & Siding      |
| <input type="checkbox"/> Architects         | <input type="checkbox"/> Floor Covering        | <input type="checkbox"/> Kitchen & Bath –Suppliers | <input type="checkbox"/> Sheetrock/Plaster     |
| <input type="checkbox"/> Building Materials | <input type="checkbox"/> GC – Design Build     | <input type="checkbox"/> Landscaping/Irrigation    | <input type="checkbox"/> Specialty Contractor  |
| <input type="checkbox"/> Business Services  | <input type="checkbox"/> Government            | <input type="checkbox"/> Marble & Stone            | <input type="checkbox"/> Structural Specialist |
| <input type="checkbox"/> Ceramic Tile       | <input type="checkbox"/> Handyman              | <input type="checkbox"/> Masonry                   | <input type="checkbox"/> Waterproofing         |
| <input type="checkbox"/> Concrete           | <input type="checkbox"/> Home Inspection       | <input type="checkbox"/> Painting Contractor       | <input type="checkbox"/> Windows & Doors       |
| <input type="checkbox"/> Designers          | <input type="checkbox"/> HVAC                  | <input type="checkbox"/> Painting Suppliers        | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Education          | <input type="checkbox"/> Insulation Contractor | <input type="checkbox"/> Plumbing                  | _____  |

**BUSINESS DESCRIPTION:** \_\_\_\_\_

Date Company was established: \_\_\_\_\_

Number of Full-time Employees: \_\_\_\_\_

Number of Part-time Employees: \_\_\_\_\_

**PRINCIPALS AND OFFICERS:**

\_\_\_\_\_ TITLE: \_\_\_\_\_

\_\_\_\_\_ TITLE: \_\_\_\_\_

\_\_\_\_\_ TITLE: \_\_\_\_\_

\_\_\_\_\_ TITLE: \_\_\_\_\_

- Company Type:**  Sole Proprietorship  
 Partnership  
 Corporation  
 Franchise

**MEMBERSHIP IN OTHER TRADE ASSOCIATIONS:**

\_\_\_\_\_

- Annual Sales Volume:**  Up to \$50K  \$51-\$100K  \$101-200K  
 \$201-500K  \$501K - \$2M  \$2M or More

**% Volume by Area:** \_\_\_\_\_ Residential Repair \_\_\_\_\_ New Construction \_\_\_\_\_ Commercial  
(Approximate) \_\_\_\_\_ Other

**APPLICANT BACKGROUND INFORMATION**

Please indicate your State and/or Local License Number(s): \_\_\_\_\_  
(Please attach a copy with your application.)

- YES  NO  Have you or your company filed for bankruptcy in the last ten (10) years?
- YES  NO  Have any judgment liens, mechanics liens, or tax liens been filed against you in the last ten (10) years?
- YES  NO  Has your professional license ever been suspended or revoked in the last ten (10) years?
- YES  NO  Have you ever had an application for a professional license rejected in the last ten (10) years?
- YES  NO  Have there been any lawsuits filed against you or your company with regard to your professional services in the last five (5) years?
- YES  NO  Have you or your company suffered any criminal penalties in the last seven (7) years?
- YES  NO  Have you performed any business in the last five (5) years for which a license was required when you did not have a license?
- YES  NO  Are you or your company under investigation by any licensing board or law enforcement agency?
- YES  NO  Have you been on criminal probation at any time during the last five (5) years?

If you have answered YES to any of the questions above, please explain: \_\_\_\_\_  
\_\_\_\_\_

YES  NO  Are you a U.S. Citizen? If NO, please explain: \_\_\_\_\_

YES  NO  Do you authorize the Carolinas Home Improvement and Construction Network, Ltd. to run a credit report and/or background check?

YES  NO  Is your company incorporated? If YES, in which state(s) is your company incorporated? \_\_\_\_\_

Privilege License Number(s): \_\_\_\_\_

Liability Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Workers' Compensation Carrier: \_\_\_\_\_

Indicate Committee of Interest:  Public Relations  Education  Trade Show  Membership  Financial

**BANK REFERENCE:** Bank Name \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**CUSTOMER REFERENCES: (LOCAL)**

Name \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**SUPPLIER REFERENCES:**

Name \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

*Eligibility for membership requires that applicants must have been actively engaged in the remodeling industry for three (3) years. I have reviewed the information contained in this Membership Application and confirm that this information is correct to the best of my knowledge. Any incorrect or willfully misleading information supplied on the Membership Application will be grounds for denial of membership or revocation of membership. (Applicants shall not indicate through any form of advertising or publicity that they are members of the network until their application is approved.) Applicants not approved will have their money refunded. Upon approval for membership, we agree to abide by the rules and regulations of the Carolinas Home Improvement and Construction Network, Ltd. with its Code of Ethics and Standards of Practice, bylaws, and other regulations enacted by the Board of Directors and/or as defined in the bylaws. We further agree to mediate all disputes between our firm and other members, and the public, in accordance with procedures set up by the Board of Directors and/or defined in the bylaws. By signing this Membership Application, you agree that you are authorized to make decisions about what fax transmissions may be received. This is done in compliance with FCC regulations with regard to fax transmissions and you authorized the Carolina Home Improvement and Construction Network, Ltd. to communicate with your company by fax and email.*

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Internal Use Only:

Accepted by the Board of Directors of the Carolinas Home Improvement and Construction Network, Ltd., this the \_\_\_\_\_ day of \_\_\_\_\_, 2010. BY: \_\_\_\_\_