



National Association of the Remodeling Industry Atlanta Chapter

3781 Presidential Parkway, Ste. 101, Atlanta, GA 30340
Phone: 770-559-9440 Email: admin@nariatlanta.org

STUDENT MEMBER APPLICATION

ELIGIBILITY for Student Membership- Individuals who, at the time of application, are full or part time students, engaged in at least a six hour credit curriculum, enrolled in an accredited high school, vocational training school, or college level program and who are concentrating on a curriculum relevant to the construction and/or remodeling industry. Student members shall have no NARI voting privileges, shall not be remodeling or construction industry business owners, shall be subject to a yearly review, and shall not be allowed to use any NARI marketing materials, including the NARI logo.

Student Name _____
Name of School or Institution _____
Address _____
City, State, Zip _____
Telephone _____ Fax _____ E-mail _____
Sponsor _____

Applicant Profile

(for NARI use only: to be held in strict confidence)

1. What is your area of interest?

- General Contracting
- Sales
- Estimating
- Office Support
- Designing/Architecture
- Trade Preference: i.e. carpentry, plumbing
- Other _____

3. Present Type of School Attending

- High School
 - Trade School
 - Tech School
 - (1) Year Program
 - (2) Year Program
- Jr. College
- Other _____

2. If applicable, what degree are you currently pursuing?

- High School Diploma or Equivalent
- Associate Degree/Diploma/Certificate
- Skilled Trade
- Other _____

4. Year in School:

- Junior
- Senior
- Other _____

5. Brief statement of interests:

COURSES

Name of courses in which you are currently enrolled and number of hours/credits of each:

| | |
|---------------------|---------------------|
| Name of Class _____ | Credits/Hours _____ |
| _____ | Credits/Hours _____ |
| _____ | Credits/Hours _____ |
| _____ | Credits/Hours _____ |

Instructor References:

Instructor's Name: _____
 Course Name: _____
 Institution Name: _____
 Phone Number: _____

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 Course: _____
 Name: _____
 Institution Name: _____
 Phone Number: _____

Please review this application to ensure that all information is complete and correct. Dues must accompany this application when returned to NARI Atlanta via email or snail mail at the address below (please retain a copy for your files). Membership is provisional and is subject to the approval of the NARI Atlanta Board of Directors and Membership

DUES Local Chapter Student Dues \$40.00

PAYMENT Check M/C VISA AMEX

Card#: Call in # _____ Exp. Date _____ Date _____

Signature _____