



Home Remodeling Association of Connecticut

Contractor Membership Application

I (we) the undersigned, hereby apply for membership in the Home Remodeling Association., and agree to abide by the HRAC Code of Ethics. (<http://www.homeremodelingct.org/hrac-code-of-ethics.php>) and the Standards of Association Membership as stated below:

STANDARDS OF ASSOCIATION MEMBERSHIP

1. To be in business not less than one (1) year, or be as separately located unit of an established business or organization whose principal officer has furnished a favorable record in this Association's files or in those of any remodeling contractor's association.
2. To supply background information about company, principals and employees, or other information deemed essential to the Association's responsibility to provide inquiries with factual reports which bear on the reliability of businesses.
3. To cooperate with the Association's activities and efforts to promote voluntary self-regulation.
4. To respond to any and all complaints forwarded by the Association.
5. To supply, upon request, the evidence upon which any advertising or selling claim is based.
6. To cooperate with the Association in promoting its services, and improving customer awareness and trust, through a number of efforts, which include:
 - Maintaining a correct and updated listing in the HRACT website, with current contact information, license, certification, accreditation and testimonials.
 - Exhibiting the HRACT Badge in the company's website, when applicable.
7. To use the name" HRACT", only to promote a valid and current membership with the Association.

Please complete the included form. Incomplete applications will not be processed. If you need assistance or have any questions call Cynthia at 1-800-640-1500 ext#9414

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL ADDRESS: _____

NAME OF BUSINESS OWNER: _____

REG/LICENCE #: _____

PLEASE PROVIDE TWO (2) BUSINESS REFERENCES

REFERENCE 1: _____

REFERENCE 2: _____

DATE YOUR BUSINESS WAS FOUNDED: _____

TYPE OF COMPANY: _____

SERVICES OFFERED: _____

SPECIALTIES: _____

SERVICE AREA (CITIES, COUNTIES OR ZIP CODES): _____

DO YOU HAVE A WEBSITE? YES NO

WEBSITE URL: HTTP://_____

ARE YOU INTEREST IN JOINING THE HRACT LEAD PROGRAM? YES NO

IF YOU ANSWERED YES TO THE ABOVE QUESTION PLEASE INCLUDE PAYMENT INFORMATION:

PAYMENT INFORMATION:

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

NAME: (AS IT APPEARS ON THE CARD) _____

CREDIT CARD #: _____ EXPIRATION DATE: _____

AUTH AMT| _____

PLEASE SEND ME SOME INFORMATION ON THE LEAD GENERATION PROGRAM.

PLEASE CONTACT ME ABOUT THE LEAD GENERATION PROGRAM

WOULD YOU LIKE TO RECEIVE OUR FREE NEWSLETTER WITH VALUABLE INFORMATION ON HOW TO GROW YOUR BUSINESS USING THE INTERNET? YES NO

APPLICANT SIGNATURE: _____ DATE: _____

**PLEASE MAIL, EMAIL OR FAX COMPLETED APPLICATIONS TO:

Mail to:
HRACT Marketing Department
Attn: Cynthia Freeney
60, Silvermine Rd. - Seymour, CT - 06483

Email to:
cynthia@homeremodelingct.org

FAX to:
203-463-9339