



**APPLICATION FOR ASHI ASSOCIATE MEMBERSHIP- CAHPI**

**(There is a \$28.00 USD charge for mandatory criminal background check.)**

932 Lee Street, Suite 101 ♦ Des Plaines, IL 60016 ♦ (847) 759-2820 ♦ Fax (847) 759-1620 ♦ Email: [membership@ashi.org](mailto:membership@ashi.org)

**Applicant Information (Please print clearly)**

Your Name \_\_\_\_\_ Title \_\_\_\_\_

Business Name \_\_\_\_\_

Address\* \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Work # (To be published) \_\_\_\_\_ Home # (Not published) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Web Site \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_\_\_ Gender: Male  Female

*\*If you have entered a PO Box, please provide a physical address for UPS shipping below (Not Published):*

Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

**Additional Information (Please mark appropriate boxes)**

**All applicants who are offered membership with the American Society of Home Inspectors (ASHI) will be subject to a criminal background check.**

1.) Have you ever been charged with, pled guilty or been convicted of a crime? (If yes, explain)?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- A conviction after the criminal background check is completed may not prohibit you from membership in ASHI. Each application will be reviewed on a case-by-case basis by the ASHI Membership Committee. **Dues will be refunded if membership is declined.**

2.) Have you taken the National Home Inspector Exam?  Yes  No

- Exam completion is not required for associate membership.

3.) Are you a Registered Home Inspector (RHI)?  Yes  No

4.) ASHI makes its membership contact information available to partners offering services to the home inspection profession. If you do not wish to be included, please check this box.....

**Acknowledgment (Please read carefully)**

*I hereby state:*

- That I have read and understand the *ASHI Standards of Practice and Code of Ethics*, and agree to follow and abide by these and other policies and procedures of the Society.
- That I am not actively engaged in the business of real estate, as a real estate broker or salesperson. I will not sell, purchase or list real estate for third parties.
- That I will not repair for a fee any conditions I find during inspections for a minimum of 12 months after the inspection.
- That I understand that I cannot use the ASHI Inspector or ASHI Certified Inspector (ACI) logo until I have completed two required exams, completed a minimum of 75 inspections Inspector and 250 ACI and successfully completed verification
- That for and in consideration of the benefits provided to me by the American Society of Home Inspectors, Inc. ("ASHI<sup>®</sup>"), I hereby waive, release and forever discharge ASHI<sup>®</sup>, its Board of Directors, officers, members, agents and employees, of and from all suits, claims, causes of action, damages, losses or injuries that I shall or may have for any reason or cause including but not limited to those related to the implementation or enforcement of the ASHI<sup>®</sup> *Code of Ethics, Standards of Practice* and/or any other activities.
- That membership is non-transferable and dues are non-refundable

**Payment**

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US CURRENCY ONLY

**Dues are renewable yearly in the anniversary month of your join date**

Annual Dues	<b>\$180.00</b> USD	<b>(<del>\$180.00 + \$25.00 application fee</del>)</b>
<b>Mandatory Criminal Background Check</b>	<b>\$28.00</b> USD	<b>Must be paid by applicant Submit application &amp; wait for email link</b>

**ALL PAYMENTS MUST BE MADE IN US DOLLARS ONLY**

**Please Select Method of Payment**

Check payable to ASHI in the above amount.

There is a \$50 charge for returned checks.

MasterCard

Visa

Discover

American Express

Card Number \_\_\_\_\_ Expires \_\_\_\_\_

Cardholder's name \_\_\_\_\_

*Current dues for ASHI Canadian Associates are US funds \$180.00 per year and are non-refundable. Dues are set by the ASHI Board prior to the start of each fiscal year on October 1 and may change. You will be required to submit Continuing Education Credits (20 per year) on the renewal of your anniversary to avoid disruption to your membership.*

**Referral (Not required, but please let us know if someone referred you)**

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I have been referred for membership by

Name of Current ASHI member

Membership No

**Signature (Please sign and date)**

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X

Signature of Applicant

Date

**Photo ID (Please include a copy of your driver's license or state ID here or on a separate sheet)  
Also please upload a passport size photo or head shot with your name and email address as reference to the following [membership@ashi.org](mailto:membership@ashi.org) for your badge.**

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Method of Payment: _____	Date: _____
Auth. Code: _____	Check #: _____
Amount: _____	Batch: _____
Processed by: _____	

Office Use Only