



APPLICATION FOR ASSOCIATE MEMBERSHIP

932 Lee Street, Suite 101 ♦ Des Plaines, IL 60016 ♦ (847) 759-2820 ♦ Fax (847) 759-1620 ♦ Email: 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.) a. Have you pleaded guilty or no contest to, or been convicted of a felony? Yes No

b. Are you currently charged with a felony not resolved in court? Yes No

If you answered yes to either of the above, please describe the nature of the offense, the date of the conviction/charge and offer any comments you wish. You may also attach a separate sheet if necessary.

- 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.) 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 Standard of Practice and Code of Ethics*, and agree to follow and abide by these and other policies and procedures of the Society.
- That I shall not inspect properties for compensation in which I have, or expect to have a financial interest.
- That I will not repair for a fee any conditions I find during inspections for a minimum of 12 months after the inspection.
- That for and in consideration of the benefits provided to me by the American Society of Home Inspectors, Inc. ("ASHI[®]"), I hereby waive, release and forever discharge ASHI[®], 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[®] *Code of Ethics, Standard of Practice* and/or any other activities.
- That membership is non-transferable and dues are non-refundable.

Payment

PAYMENT IN FULL VIA CREDIT CARD OR CHECK

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

Annual Dues	\$424.00	+ \$25.00 one time application fee
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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 _____ Security Code: _____

Billing Address: _____ City, State Zip: _____

Check here if billing address is the same as the shipping address

The address must be provided for credit card processing. ASHI will not record this address for any use.

Please read before signing this application!

Current dues for ASHI Associate, ASHI Inspector, and ASHI Certified Inspector dues are \$424 per year and are non-refundable. A total of 20 Continuing Education Credits are due yearly on your anniversary date, to avoid disruption in your membership.

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

I have been referred for membership by _____

Name of Current ASHI member

Membership No.

Signature (Please sign and date)

X

Signature of Applicant

Date

Photo ID (Please include a copy of your drivers 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 for your badge.**

ASHI Application Revised May 2017

Method of Payment: _____

Date: _____

Auth. Code: _____

Check #: _____

Amount: _____

Batch: _____

Processed by: _____

Office Use Only