



APPLICATION FOR ASHI ASSOCIATE MEMBERSHIP

CAHPI Members only

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.

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.) 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 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 I understand that I cannot use the ASHI logo until I have completed two required exams, completed a minimum of 50 inspections and successfully completed verification
- 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, Standards of Practice* and/or any other activities.
- That membership is non-transferable and dues are non-refundable.

Payment

US CURRENCY ONLY

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

Annual Dues	\$130.00	(\$105.00 + \$25.00 application fee)
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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 CAPHI Associates are US funds \$105.00 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)

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 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 for your badge.

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