



# APPLICATION FOR CANADIAN RHI MEMBERSHIP APPLICATION

Application for use by CAHPI RHIs only. Please include proof of your RHI Status when Applying

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 \_\_\_\_\_ Province \_\_\_\_\_ 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 \_\_\_\_\_ Province \_\_\_\_\_ 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 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	\$205.00	(\$180.00 + \$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 US\$50 charge for returned checks.

MasterCard       Visa       Discover       American Express

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

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

*Current ASHI Canadian Certified Inspector dues are US funds \$180 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) by your annual dues renewal, 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 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](mailto:membership@ashi.org) for your badge.

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ASHI RHI Application Revised May 2017

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

Office Use Only