



APPLICATION FOR ASSOCIATE MEMBERSHIP

932 Lee Street, Suite 101 ♦ Des Plaines, IL 60016 ♦ (847) 759-2820 ♦ Fax (847) 759-1620

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)

1.) Have you pleaded guilty or no contest to, or been convicted of a felony? Yes No

2.) 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 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.

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 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

PAYMENT IN FULL VIA CREDIT CARD OR CHECK

ASHI Dues year is Oct 1 through Sept 30 - Pro-Rated Dues based on month you join
Pro-Rated Dues amounts include \$100 Application Fee

8/2/09-9/1/09 --- \$425.00 (\$325.00 + \$100 application fee)	2/2/10-3/1/10 --- 262.48 (\$162.48 + \$100 application fee)
9/2/09-10/1/09 --- \$397.92 (\$297.92 + \$100 application fee)	3/2/10-4/1/10 --- \$235.40 (\$135.40 + \$100 application fee)
10/2/09-11/1/09 --- \$370.80 (\$270.80 + \$100 application fee)	4/2/10-5/1/10 --- \$208.32 (\$108.32 + \$100 application fee)
11/2/09-12/1/09 --- \$343.72 (\$243.72 + \$100 application fee)	5/2/10-6/1/10 --- \$181.24 (\$81.24 + \$100 application fee)
12/2/09-1/1/10 --- \$316.64 (\$216.64 + \$100 application fee)	6/2/10-7/1/10 --- \$154.16 (\$54.16 + \$100 application fee)
1/2/10-2/1/10 --- \$289.56 (\$189.56 + \$100 application fee)	7/2/10-8/1/10 --- \$127.08 (\$27.08 + \$100 application fee)

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 _____

Please read before signing this application!

Current dues for ASHI Associates are \$325 per year and ASHI Associate with Logo Use and ASHI Certified Inspector dues are \$399 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. A \$50 transfer fee is required for all inspectors moving from Associate to Associate with Logo Use or Certified Inspector status. If you join before October 1, 2009 will be required to submit Continuing Education Credits (20 per year) by September 30, 2010, 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 drivers license or state ID here or on a separate sheet)