



**Payment (Please select Option 1 "Payment In Full" or Option 2 "Monthly Installment")**

**OPTION 1 - PAYMENT IN FULL VIA CREDIT CARD OR CHECK (US FUNDS)**

Dues to ASHI during these periods (*Dues Pro-Rated Based on Time of Year*)...

8/2/10-9/1/10 --- <b>US\$255.00</b> (\$155.00 + \$100.00 application fee)	2/2/11-3/1/11 --- <b>US\$177.48</b> (\$77.48 + \$100.00 application fee)
9/2/10-10/1/10 --- <b>US\$242.09</b> (\$142.80 + \$100.00 application fee)	3/2/11-4/1/11 --- <b>US\$164.56</b> (\$64.56 + \$100.00 application fee)
10/2/10-11/1/10 --- <b>US\$229.16</b> (\$129.16 + \$100.00 application fee)	4/2/11-5/1/11 --- <b>US\$151.64</b> (\$51.64 + \$100.00 application fee)
11/2/10-12/1/10 --- <b>US\$216.24</b> (\$116.24 + \$100.00 application fee)	5/2/11-6/1/11 --- <b>US\$138.72</b> (\$38.72 + \$100.00 application fee)
12/2/10-1/1/11 --- <b>US\$203.32</b> (\$103.32 + \$100.00 application fee)	6/2/11-7/1/11 --- <b>US\$15.80</b> (\$25.80 + \$100.00 application fee)
1/2/11-2/1/11 --- <b>US\$190.40</b> (\$90.40 + \$100.00 application fee)	7/2/11-8/1/11 --- <b>US\$112.92</b> (\$12.92 + \$100.00 application fee)

**Please Select Method of Payment**

Check payable to ASHI in the above amount. Checks are not accepted for the installment plan. 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\$155 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. For those paying on the installment plan, and for your convenience, your ASHI membership will automatically renew, without interruption, before the start of each subsequent membership year at the dues then in effect unless you cancel your membership by sending an e-mail requesting cancellation to [hg@ashi.org](mailto:hg@ashi.org) before August 1, 2009. You 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 license or government ID here or on a separate sheet)**