



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

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)

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 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 (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*)...

8/2/07-9/1/07 --- US\$255.00 (\$155.00 + \$100.00 application fee)	2/2/08-3/1/08 --- US\$177.48 (\$77.48 + \$100.00 application fee)
9/2/08-10/1/08 --- US\$242.08 (\$142.80 + \$100.00 application fee)	3/2/09-4/1/09 --- US\$164.56 (\$64.56 + \$100.00 application fee)
10/2/08-11/1/08 --- US\$229.16 (\$129.16 + \$100.00 application fee)	4/2/09-5/1/09 --- US\$151.64 (\$51.64 + \$100.00 application fee)
11/2/08-12/1/08 --- US\$216.24 (\$116.24 + \$100.00 application fee)	5/2/09-6/1/09 --- US\$138.72 (\$38.72 + \$100.00 application fee)
12/2/08-1/1/09 --- US\$203.32 (\$103.32 + \$100.00 application fee)	6/2/09-7/1/09 --- US\$15.80 (\$25.80 + \$100.00 application fee)
1/2/09-2/1/09 --- US\$190.40 (\$90.40 + \$100.00 application fee)	7/2/09-8/1/09 --- US\$112.92 (\$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 hq@ashi.org before August 1, 2008. You will be required to submit Continuing Education Credits (20 per year) by September 30, 2009, 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)