

Membership Application



Name: _____

ASHI ID #: _____

Company Name: _____

Address: _____

E-Mail Address: _____

Business Phone: _____

Cell Phone: _____

I certify that I will comply with the Code of Ethics and Standards of Practice of the American Society of Home Inspectors (ASHI) and all rules of the association.

Date: _____ Signature: _____

Dues

\$30 per year for membership per person

Chapter members must be dues paid members in good standing with ASHI national