



MEMBERSHIP APPLICATION
PO BOX 7243 S. LAKE TAHOE, CA 96158
800-877-4770

WEB SITE AND ADDITIONAL INFORMATION IS AVAILBLE AT

INSPECTION.ORG

Application Type: Certified Member Associate Member Affiliate Member

Name

Business Name

MailingAddress

City, State, Zip

Business Phone# Home #

Cell Phone # Fax #

Email Address

Website

Home Address

City, State Zip Code

- 1. If you are an Affiliate OR Associate Member applicant, skip to #5.
2. Does your state require you to pass an inspection exam to perform home inspections? Yes No If No, skip to #3.
a. Are you currently licensed or certified by your state? Yes No If yes, attach copy of certificate to this application. If you answered no to this question, you must pass the NHIE to become a certified member, however you may still apply to become an Associate.
3. Have you passed the NHIE? Yes No If yes, attach copy of certificate to this application.
4. Have you completed three home inspections? Yes No If yes, attach copies of 3 reports to this application.
5. State and License Number(if applicable)

My signature below indicates I have read, understand and agree to comply with the Standards of Practice and the Code of Ethics of the American Institute of Inspectors®. I certify that the information provided on this form is accurate and I understand that I may forfeit my membership if noted otherwise. I authorize the American Institute of Inspectors to verify any information I have provided on this application.

Payment By

Check Number

(Master Card, Visa and Discover)

Credit Card Number Expiration Date Security Code

Signature of Applicant Date

Mail your completed application and all required supporting documentation to: American Institute of Inspectors, PO Box 7243, Lake Tahoe, CA 96158 with your check for \$300, or e-mail your application and your credit card (Master Card, Visa and Discover) information with your application to Contact@Inspection.org

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Denied
By Date PT AC WLS
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