



MEMBERSHIP APPLICATION
PO BOX 7243 S. LAKE TAHOE, CA 96158
530-600-3566

WEB SITE AND ADDITIONAL INFORMATION IS AVAILABLE AT
INSPECTION.ORG OR EMAIL - INFO@INSPECTION.ORG

Application Type: Certified Member _____ Associate Member _____ Affiliate Member _____

Name _____

Business Name _____

Mailing Address _____

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 \$150 or e-mail your application and your credit card (Master Card, Visa and Discover) information with your application to Info@Inspection.org

For internal use only. This application has been reviewed and : Approved _____

By _____	Date _____	State _____	City _____	Hot Line _____
Roster _____	License Verification _____	Exp. _____	Web Locator _____	_____