

MEMBERSHIP APPLICATION PO BOX 7243 S. LAKE TAHOE, CA 96158

530-600-3566

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

Application Type:	Certified Member	Associate Member	_ Affiliate Me	mber	
Name			T.		
Business Name					
Mailing Address					
City, State, Zip					
Business Phone#		Home #			
Cell Phone #		Fax #			
Email Address					
Website			-		
Home Address					
City, State	tateZip Code				
2. Does your sta a. Are you o you answ become a 3. Have you pas 4. Have you con 5. State and Lice My signature below in American Institute of	currently licensed or certified vered no to this question, you in Associate. sed the NHIE? Yes No _ inpleted three home inspection ense Number(if applicable) _ idicates I have read, understa Inspectors®. I certify that the	pection exam to perform home by your state? YesNo _ must pass the NHIE to becom If yes, attach copy of co ms? Yes No If yes, a md and agree to comply with te information provided on this	If yes, attach come a certified member ertificate to this apputach copies of 3 reputhe Standards of Prossers form is accurate as		
Payment By Check Number					
(Master Card, Visa and					
Credit Card Number_		Expiration	Date	Security Code	
Signature of Applican	t			Date	
	neck for \$125 or e-mail your a			of Inspectors, PO Box 7243, Lake Tahoe sa and Discover) information with your	
For internal use only.	This applic	eation has been reviewed and:	Approved		
Ву	Date	State	City	Hot Line	
Dagton	License Varification	Evn	Wah I agate		