



**MEMBERSHIP APPLICATION**  
**PO BOX 7243 S. LAKE TAHOE, CA 96158**  
**530-600-3566**  
 ADDITIONAL INFORMATION AVAILABLE AT  
**WWW.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 \$300, or e-mail your application and your credit card (Master Card, Visa and Discover) information with your application to [Info@Inspection.org](mailto:Info@Inspection.org)

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For internal use only.      This application has been reviewed and : Approved \_\_\_\_\_  
 Denied \_\_\_\_\_  
 By \_\_\_\_\_ Date \_\_\_\_\_ PT \_\_\_\_\_ AC \_\_\_\_\_ WLS \_\_\_\_\_  
 MMM/HL \_\_\_\_\_ TSR \_\_\_\_\_ CERTISSUED \_\_\_\_\_ WEB \_\_\_\_\_ ZIP \_\_\_\_\_