



OHIO ASHI

The Ohio Chapter of the American Society of Home Inspectors

MEMBERSHIP APPLICATION

To be a member of OHIO ASHI you must be a Certified Inspector, Associate Inspector, or Retired member of ASHI National in good standing.

STEP 1: Your Contact Information

Name: _____ Member #: _____

Company Name: _____

Street Address: _____

City/State/Zip: _____

Phone: (____) ____ - ____ Secondary Phone: (____) ____ - ____

Cell Phone: (____) ____ - ____ Fax: (____) ____ - ____

E-Mail: _____ Website: www. _____

Yes, Please add my contact information to OHIO ASHI website!

STEP 2: Payment Options

- Associate \$100
- Certified \$150
- Retired \$30

Make checks payable to the order of: Ohio ASHI and mail to Ohio ASHI, P.O. Box 13294, Fairlawn, OH 44334-8694

**ASHI dues are not deductible as a charitable contribution for income tax purposes, but may be deductible as a business expense.*

STEP 3: Signature

I agree to report and inspect in substantial compliance with *ASHI's Standards of Practice* and *Code of Ethics* and comply with the by-laws of the Ohio Chapter.

Signature: _____ Date ____ / ____ / ____

Printed Name: _____ Membership Number# _____
