

**APPLICATION FOR GENERAL MEMBERSHIP**

Applicant's Full Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Check here if you want your e-mail address given to other members of the Association.

The association does not provide these addresses to any person or party outside the association's membership.

How did you hear about us? \_\_\_\_\_

Are you presently actively engaged in the home inspection business?  YES  NO

State/Local license(s) you hold in the municipality where you conduct home inspections. License number(s)

State: \_\_\_\_\_ Local: \_\_\_\_\_

What affiliations and/or certifications do you hold?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year you began inspecting: \_\_\_\_\_

Number of **verifiable** fee paid inspections you have performed: \_\_\_\_\_

**MEMBERSHIP REQUIREMENTS**

Applicants must be actively engaged in the business of home inspection and be a state and locally licensed home inspection entity

**DUES**

Association dues are \$36.00 per fiscal year (June 1st – May 31<sup>st</sup>) and are monthly pro-rated for the remainder of the year based upon the application date. Fractional months are not pro-rated.

**SUBMISSION OF APPLICATION**

The proper dues (see above) are made payable to NORTHWEST FLORIDA HOME INSPECTORS’ ASSOCIATION. (Your payment will be returned if your application is not accepted.)

Upon approval of your application the Association will forward membership information to you.

**STATEMENT & RELEASE**

*I, the undersigned, applicant hereby declare that the information contained in this application is true. I further agree to hold the NORTHWEST FLORIDA HOME INSPECTORS’ ASSOCIATION (NWFHIA) harmless in the event of any claim or proceeding arising out of the performance of service for customers referred to me by the NWFHIA referral service. I authorize the NWFHIA to investigate and confirm the information declared by me in this application. I further agree that, as a member of NWFHIA, I will abide by any Standards of Practice and Professional Ethics of the Association and/or the nationally recognized home inspection association of which I am affiliated with. For and, in consideration of the benefits provided to me by the NWFHIA, I hereby waive, release and forever discharge, its Board of Directors, officers, members, servants, agents and employees, of and from all suits, causes of action, damages losses or injuries that I shall or may have for any reason or cause including but not limited to those related to the implementation or enforcement of the Professional Ethics, Standards of Practice And/or any other .*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Bring your application with you to the next association general membership meeting. Meetings are posted on our ANNOUNCEMENTS page.