



APPLICATION FOR CERTIFIED MEMBERSHIP;

Home Study, CHI, and PHI Certification

PLEASE TYPE OR PRINT CLEARLY

Please complete entire form and return with payment to ISHI®
630 Jackson St Suite 1, Thibodaux, LA 70301; or FAX to: 1(877) 885-2252 with Credit Card number only

Membership phone: 1(866) 883-0196

Today's Date ____/____/____

Business Name _____

Your Name _____ Title _____

Street Address _____ PO Box _____

City: _____ State/Prov _____ Zip/Postal Code _____

Phone (____) _____ Fax (____) _____

E-Mail Address _____ Website URL _____

ACKNOWLEDGMENT AND RELEASE

(Please read carefully and sign below)

I hereby certify:

That I have read, and understand the ISHI Home Inspector Standards, and Operating Principles, listed on ISHIonline.org, and agree to abide by it and all other rules and regulations of the Society.

I understand:

That until I receive written notice from ISHI that I have officially been accepted as a MEMBER, I may not and will not use the ISHI name, or logo, or CHI and PHI, to advertise, or imply in any promotional material that I am affiliated with ISHI. This restriction includes, but is not limited to, all Yellow Page directory advertising, company brochures, internet website, stationery, and resumes. I fully understand and agree that if I violate this Society policy in any manner, I will be expelled from ISHI. That after a minimum 30 day waiting period as a CERTIFIED Member and after passing all the required courses, I may apply for status as an ISHI CHI and PHI DESIGNATIONS and at that time may be eligible to use the trademarked CHI™ an/or PHI™ as a designation behind my name (e.g., John Doe, CHI, PHI). As a PHI member, I further agree to carry E&O coverage and name ISHI as a certificate holder for proof of coverage to the general public.

As a Certified MEMBER, I agree to report and inspect in substantial compliance with ISHI's Home Inspector Standards and Operating Principles.

I have read, accept, and fully understand all statements in this Application. I hereby certify that all statements are correct. I understand that any failure to comply with the above or falsification may exclude me from membership in the International Society of Home Inspectors.

For and in consideration of the benefits provided to me by the International Society of Home Inspectors, Inc. ("ISHI®"), I hereby waive, release and forever discharge ISHI®, its Board of Directors, officers, members, servants, agents and employees, of and from all suits, claims, 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 ISHI®, Inspector Standard's and Operating Principles and/or any other activities.

Unauthorized alterations/omissions found on this form (now or in the future) will void this application. Membership is non-transferable and non-refundable.

In order to fully process your membership, sign this document, enclose a copy of your driver's license or official state photo ID and return via US Mail to ISHI. The photo will be used on your Official Identification Badge.

MEMBERSHIP INFO

I wish to pay the \$275 annually recurring fee for membership electronically using my checking account below. I understand I may cancel at any time and that I must notify ISHI in writing of my intent to close my membership within 30 days after the date on my monthly statement showing the membership fee. I have provided my account number, and routing number clearly that I want debited. I also authorize a one time application fee of \$35 to process my application.

Routing Number _____

Account Number _____

I wish to pay the first year dues of \$275 by credit card. Then after the first year I wish to pay my recurring monthly dues using the credit card given below. I understand I may cancel at any time and that I must notify ISHI in writing of my intent to close my membership within 30 days after the date on my monthly statement showing the membership fee. I also authorize a one time application fee of \$35 to process my application.

I wish to pay for the one \$1450 for the Home Study CHI/PHI cost by credit card. My first year membership dues are included.

After my first year, I understand that \$22.91 monthly recurring dues will be charged to my credit card given below, or paid electronically by the checking account provided above. I understand I may cancel at any time and that I must notify ISHI in writing of my intent to close my membership within 30 days after the date on my monthly scheduled payment.

| | |
|---|--------------------------------|
| <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AmEx | |
| Card Number _____ | Expiration Date ____/____/____ |
| Cardholder's Name _____ | |
| Cardholders Signature : _____ | |

X _____ / ____/____

Agreement-Signature of Applicant

Date