



**Wisconsin
Association of
Home Inspectors, Inc.**

www.wahigroup.com

APPLICATION FOR MEMBERSHIP: HOME INSPECTOR

1-414-299-9766

Please print ALL information:

Name: _____

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Office Phone: _____ **Cell Phone:** _____

E-Mail Address: _____

Note: E-Mail or internet access required to receive/view the WAHI Inspector (monthly newsletter) & receive notices

Website: _____

WAHI Chapter Meeting Preference (check only one):

- | | | |
|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Central | <input type="checkbox"/> Fox Valley | <input type="checkbox"/> Milwaukee |
| <input type="checkbox"/> Chippewa Valley | <input type="checkbox"/> Madison | |

Certifications (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> WI Home Inspection Licensing # _____ | <input type="checkbox"/> WI DSPS Certification # _____ |
| <input type="checkbox"/> WI Rental Weatherization Inspector # _____ | <input type="checkbox"/> Lead Paint Inspector # _____ |
| <input type="checkbox"/> Certified 3rd Party EIFS Inspector # _____ | <input type="checkbox"/> Asbestos Inspector # _____ |
| <input type="checkbox"/> Radon Measurement Provider # _____ | <input type="checkbox"/> VA Inspector # _____ |
| <input type="checkbox"/> HUD/FHA Inspector # _____ | <input type="checkbox"/> Other: _____ |

Home Inspection Information:

Number of Years as a Home Inspector: _____ Full Time Part-Time

Will do Commercial Inspections: Yes NO Maybe

Error & Omission Insurance (E & O): Yes NO Carrier Name: _____

List any other Affiliations you may belong to (such as ASHI, NAHI, Builders Associations, etc):

Training and Background Information:

Inspector Training (dates, schools, etc.):

Work Background (Past and Present):

Other Information:

Has any disciplinary action ever been taken against you, your employees or company, from any court or other inspection organization? No Yes - please describe below

Who referred you to WAHI:

Type of Membership (check only one):

- Home Inspector Membership** - hold a current Home Inspector License Initial dues are prorated:
 July-Sept \$200 Oct-Dec \$150 Jan-March \$100 April-June \$50
Renewal dues for Home Inspector members are \$175
- Associate Membership** - does not hold a State Home Inspector License Initial dues are \$50
Renewal dues are \$175
- Retired Membership** - served as a Home Inspector for a minimum of 5 years; no longer holds a State Home Inspector License - dues are \$25

All membership categories renew annually - July 1st through June 30th

If accepted for membership, I will familiarize myself with and abide by the Code of Ethics and the Bylaws of the Wisconsin Association of Home Inspectors, Incorporated. Further, I understand that membership dues are not deductible as charitable contributions, but may be deductible as an ordinary and necessary business expense, subject to restrictions imposed as a result of association lobbying activities.

Please include a copy of your State License with your completed application

(Signature)

(Date)

Payment Information :

Send a completed application along with a check made payable to "WAHI" to:
Julie Arnstein, Executive Director, 4590 S. Raven Lane, New Berlin, Wisconsin 53151

MasterCard and Visa payments may be mailed, faxed (262) 785-6765 or emailed to: julie@wahigroup.com

MasterCard / Visa _____ Exp _____ / _____