## **Canadian Association of Home & Property Inspectors**

(CAHPI-Atlantic) www.cahpi-atl.com

## **MEMBERSHIP APPLICATION**

First Name:			Last	Name:				
Company Name:					<u> </u>			
Street Address:					_			
City:		Province:			Postal Code:			
Home Phone: (	) -	Business Phone:	( )	-	Fax:	(	) -	
Cell Phone: (	) -	Email:						
Please complete the d	details below and	d return. ( <b>Note</b> : Ind	complete (	applicati	ons will not b	e pro	cessed)	
Application Type:	Renew	/al	New (fill i	n the red	quired inform	ation	below)	
For New Applications	only:							
To apply for membership in prerequisite and is able to prome of the elements below	provide two (2) writ	tten reports, which mus	st be verified					
Prior Training or Certification in a Construction Trade						5		
	Successfu	ıl Completion of NI	HIE Exam		5	5		
	50 Mento	ored Inspections (b	y RHI Men	nber <b>)</b>	4	1		
Errors & Omissions Insurance (E&O)						3		
WETT Certification						3		
	Building (	Official			3	3		
Current St. John Ambulance First Aid / CPR						L		
The individual member	ership fee <sup>1</sup> is: \$4	425. <sup>00</sup> + HST per ye	ar					
Make <i>certified cheque</i>	e payable to <b>CA</b> H	IPI-Atlantic and ret	turn applio	cation to	:			
		24 Birch S	t of CAHPI					
I have enclosed	d a <b>certified che</b>	<b>eque</b> payable to (	CAHPI-Atl	lantic in	the amoun	t of \$		
I hereby apply for mer I certify that the inform Code of Ethics and Sta	mation containe	d is true: I have rea	ad, unders			•		
Signature:				Date: _				

**Note** <sup>1</sup>: Once an application has been processed, the membership fee is non-refundable.