

**Canadian Association of Home & Property Inspectors**  
(CAHPI-Atlantic) [www.cahpi-atl.com](http://www.cahpi-atl.com)  
**MEMBERSHIP APPLICATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: (    ) -        Business Phone: (    ) -        Fax: (    ) -  
Cell Phone: (    ) -        Email: \_\_\_\_\_

Please complete the details below and return. (**Note:** *Incomplete applications will not be processed*)

**Application Type:**    ☐ **Renewal**                      ☐ **New** (*fill in the required information below*)

**For New Applications only:**

To apply for membership in CAHPI-Atlantic, all applicants must have a minimum of ten (10) points from the following as an entrance prerequisite and is able to provide two (2) written reports, which must be verified as having met specific quality standards. Note some of the elements below will be credited toward certification requirements.

<b>Prior Training or Certification in a Construction Trade</b>	<b>5</b>	<input type="checkbox"/>
<b>Fully Recognized Home Inspection Course</b>	<b>7</b>	<input type="checkbox"/>
<b>Successful Completion of NHIE Exam</b>	<b>5</b>	<input type="checkbox"/>
<b>50 Mentored Inspections (<i>by RHI Member</i>)</b>	<b>4</b>	<input type="checkbox"/>
<b>Errors &amp; Omissions Insurance (E&amp;O)</b>	<b>3</b>	<input type="checkbox"/>
<b>WETT Certification</b>	<b>3</b>	<input type="checkbox"/>
<b>Building Official</b>	<b>3</b>	<input type="checkbox"/>
<b>Current St. John Ambulance First Aid / CPR</b>	<b>1</b>	<input type="checkbox"/>

**The individual membership fee<sup>1</sup> is: \$425.<sup>00</sup> + HST per year**

Make **certified cheque** payable to **CAHPI-Atlantic** and return application to:

Mr. Blaine Swan  
President of CAHPI-Atlantic  
24 Birch Street  
Truro, NS B2N 4X2

☐ I have enclosed a **certified cheque** payable to CAHPI-Atlantic in the amount of \$ \_\_\_\_\_

I hereby apply for membership in the **Canadian Association of Home & Property Inspectors-Atlantic**.  
I certify that the information contained is true: I have read, understand, and accept the **Policies, By-Laws, Code of Ethics** and **Standards of Practice** of CAHPI-Atlantic.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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