

CANADIAN ASSOCIATION OF HOME & PROPERTY INSPECTORS
(CAHPI-Atlantic) www.cahpi-atl.com
MEMBERSHIP APPLICATION

First Name: _____ Last Name: _____
Company Name: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Home Phone: _____ Business #: _____ FAX: _____
Cell: _____ 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 twelve points from the following as an entrance prerequisite. Check all which apply and forward supporting documentation with your application.

Prior Certified training	5	<input type="checkbox"/>
Recognized Full Home Inspection Course	7	<input type="checkbox"/>
Errors and Omissions Insurance	4	<input type="checkbox"/>
Defect Recognition & Reporting Course	3	<input type="checkbox"/>
CAHPI Exam (Successful Pass)	3	<input type="checkbox"/>
50 Mentored (RHI member) inspections	4	<input type="checkbox"/>
Two reports verified	2	<input type="checkbox"/>
Franchise Training	3	<input type="checkbox"/>
WETT Certification	3	<input type="checkbox"/>
Prior Official Building Inspector	3	<input type="checkbox"/>
Emergency First Aid (St. John Ambulance)	1	<input type="checkbox"/>

The individual membership fee is: \$425.00 + HST per year

Make **certified cheque** payable to **CAHPI-Atlantic**

Return Application to: Blaine Swan
President of CAHPI Atlantic
24 Birch Street
Truro, N.S. 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: have read, understand, and accept the *Code of Conduit*,
Professional Practice, and *Conflict of Interest Guidelines* of CAHPI-Atlantic.

Signature: _____ Date: _____