

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 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 twelve (12) 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.

Prior Certified Training	5	<input type="checkbox"/>
Full Recognized Home Inspection Course	7	<input type="checkbox"/>
50 Mentored Inspections (<i>by RHI Member</i>)	4	<input type="checkbox"/>
Errors & Omissions Insurance (E&O)	3	<input type="checkbox"/>
Defect Recognition & Reporting Course	3	<input type="checkbox"/>
Successful Completion of CAHPI or ASHI Exam	3	<input type="checkbox"/>
Franchise Training (<i>from approved list</i>)	3	<input type="checkbox"/>
WETT Certification	3	<input type="checkbox"/>
Building Official	3	<input type="checkbox"/>
Current St. John Ambulance First Aid / CPR	1	<input type="checkbox"/>

The individual membership fee¹ is: \$450.⁰⁰ + 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 ¹: *Once an application has been processed, the membership fee is non-refundable.*