



## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ State License # \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I have been in the inspection business for \_\_\_\_\_ years.

Membership Levels (check one):

- \$125 I am currently an ASHI Member # \_\_\_\_\_
- \$125 I am currently an ASHI Candidate # \_\_\_\_\_
- \$150 I am joining as an affiliate member and acknowledge I will have no logo rights to either the ASHI or LA ASHI logo. My contact information and website will not be listed on the LA ASHI website.

I certify that the above information is correct and that I will abide by the by-laws of the chapter. I understand that membership dues are due each June. **Should I decide to join the National ASHI organization, my first year's dues to LA ASHI will be waived upon submitting my candidate or member #.**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Please return completed application to:

LA ASHI

P.O. Box 15405

Monroe, LA. 71207

Approved by Board of Directors on \_\_\_\_\_