



Application for Membership & Renewal 2010 - 2011

Connecticut Association of Home Inspectors, Inc.

Treasurer's Office: 75 Pond View Circle Beacon Falls, CT 06403

Phone: (toll free) 866-938-CAH_I (2244) e-mail: info@ctinspect.com Web Site: www.ctinspect.com

Full

Name: _____

Home Address: _____

Town/City: _____ State _____ Zip _____ - _____

Company Name: _____

Company Address _____

Mailing Address _____

Town/City _____ State _____ Zip _____ - _____

Business phone # _____ - _____ - _____ Bus Fax # _____ - _____ - _____

E-Mail Address _____ @ _____

Web Site Address <http://www.> _____

CT License # HOI _____ CT Intern Permit # _____ Other State License: State _____ # _____

Membership Dues are due June 1st & Must be received on or before June 30th
Annual dues: Licensed Inspector \$219.00

Intern Inspector \$169.00

Associate Members: \$124.00 For persons with an interest in the home inspection profession who are NOT an active inspector performing home inspections.

As a condition of all levels of members, I have read, and will adhere to the "code of Ethics" of the Connecticut Association of Home Inspectors, Inc. as printed & attached to this documents. [] check here for name stated above

Signature: _____ Date: _____ if mailing or in person

Please print this application & mail with payment to:

CAHI 75 Pond View Circle Beacon Falls, CT 06403 or bring in person to our next meeting.

[] Check enclose **or** [] pay by credit card(check one): MC/ Visa/ Discover

ACCT # - - -

Exp: Month _____ Year _____ Authorizing Signature: _____ \$ _____ .00

CAHI

Code of Ethics

- As a condition of my membership, I have read, and will adhere to the “Code of Ethics” of the Connecticut Association of Home Inspectors, Inc. as printed or attached to this document.
- I will inspect to the home inspection “Standards of Practice” of the State of Connecticut
- I will adhere to the State of Connecticut Home Inspection “Code of Ethics”.
- I will comply with the State of Connecticut Home Inspection minimum requirements concerning Continuing Education for license renewal.
- I am an equal opportunity licensed or Permitted Intern inspector. (Associate Members exempt)
- I will conduct my business in an ethical, professional manner.
- I will not inspect, for a client, any property in which I have a financial or personal interest.

Signature: _____ Date: _____