Canadian Association of Home & Property Inspectors (CAHPI-Atlantic) www.cahpi-atl.com

MEMBERSHIP APPLICATION

First Name:	Last Name:																
Company Name:																	
Street Address:																	
City:					Provin	ce:							Postal Code:				
Home Phone:	()	-		Busir	ess	Phone:	()	-		_ Fa	ax:	()	-	
Cell Phone:	()	-		Emai	l:								_			
Please attach any (i.e. education con										s to be	a profe	essio	nal l	hon	ne in	spec	tor.
This will aid our N	⁄leml	oersh	nip Co	ommit	tee in c	lete	ermining	your	posit	tion in (our me	mbei	rshi _l	p m	atrix	ζ.	
If you intend to jo (Error & Omission					•	tici	ng inspe	ctor,	you ı	must al	so inclu	ıde p	roo	f of	· E&C)	
A non-refundable	• •				•		•			•		•	•		• •		on.
The individual mo	embo	ershi	p fee	is: \$	500. ⁰⁰ +	- НS	ST per ye	ar.									
Make <i>certified ch</i>	eque	p ay	able	to CA	iPI-Atla	anti	ic and re	turn	appli	cation 1	:0:						
		Ms. Julie Peck, Registrar of CAI 3045 Robie Stre Halifax, NS B3									PI-Atlantic et, Suite 257						
I have encl	osec	l a c o	ertifi	ed ch	eque p)ay	able to	CAHF	PI-At	lantic i	n the a	mou	unt	of S	\$		
I hereby apply for membership in the Canadian Association of Home & Property Inspectors-Atlantic . I certify that the information contained and attached is true: I have read, understand, and accept the 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.