



# ARIZONA ASHI® CHAPTER APPLICATION 2010

**NOTE:** You MUST join ASHI® National prior to joining Arizona ASHI® (AZ-ASHI®). ASHI® National can be reached at 1-800-743-2744 or 1-847-759-2820, their website is [www.ashi.org](http://www.ashi.org). AZ-ASHI® can be reached at 480-473-8497, 1-800-723-2790 or [www.azashi.com](http://www.azashi.com).

**Instructions:** Complete all sections. If this application is a renewal and you would like to notify us of an information change, please check the box to the left of the appropriate item. You should also log onto [www.asashi.org](http://www.asashi.org) and update your profile there to reflect your current information. We would appreciate a photocopy of your badge or other membership documentation from ASHI® International to verify your membership status. **Your signature on this document and your ASHI International Member/Candidate number are required to process your membership application.** Write any messages to the Chapter on a separate piece of paper. Mail the completed application to the address listed below. Please print clearly:

Is this application a renewal or new application? (Circle one)    New Application    Renewal Application

Your Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

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

Business phone:    (\_\_\_\_\_) \_\_\_\_\_

Home phone:    (\_\_\_\_\_) \_\_\_\_\_

Fax:    (\_\_\_\_\_) \_\_\_\_\_ (Circle one)    Dedicated fax    Call first

Email address: \_\_\_\_\_

ASHI® International Status: (Circle one)    Member (M)    C-2 Candidate (CL)    Candidate (CN)

**ASHI® International Member or Candidate Number:** \_\_\_\_\_

Did a current AZ ASHI member encourage you to join? \_\_\_\_\_ If so, who? \_\_\_\_\_

## ACKNOWLEDGEMENT FOR CANDIDATES

If this application is for a Candidate of ASHI® International, I understand I am not a voting member of ASHI® International or Arizona ASHI®. I understand that until I receive written notice from ASHI® International that I have been accepted as a Member, I cannot and will not imply affiliation with ASHI® or use the ASHI® name or logo in advertising. ASHI® International C-2 Candidates are excepted as provided by ASHI® International's logo use policy.

## RELEASE FOR ALL APPLICANTS

**For and in consideration of the benefits provided to me by Arizona ASHI® Inc., I hereby waive, release and forever discharge its Board of Directors, officers, members, servants, agents and employees of and from all suits, claims, causes of action, damages, losses or injuries that I shall or may have for any reason or cause.**

If this is a new membership or you renewed between January 1 – July 31<sup>st</sup>, 2009 mail the completed application and attach a check for **\$100** payable to AZ ASHI. If this is a renewal and you joined after July 1, 2009 please make check for **\$50**. **Please mail this form and your check to: Arizona ASHI, Membership, PO Box 25124, Scottsdale, AZ 85255**

If you would like to enter or update any of your information on the AZ-ASHI® website, please enter the information on the AZ ASHI Member Database Update Request Form at the AZ-ASHI® website: [www.azashi.com](http://www.azashi.com). To enter or update your information, follow these steps: **1)** log onto [www.azashi.com](http://www.azashi.com), **2)** enter the Chapter Member Services area, **3)** enter the Member Information Update Form/Change of Address area, **4)** type in the requested changes on the form, and **5)** electronically submit the form.

**PLEASE REMEMBER TO SIGN THIS APPLICATION ON THE NEXT PAGE.**

# ARIZONA ASHI® CHAPTER SURVEY

Although providing any of the following information is voluntary, please also take a moment to tell us more about you and how the Chapter can better serve you. Use a separate piece of paper if necessary.

Are you a: (circle one)    Business Owner                  Employee                  Partner                  Consultant                  Builder

Other: (Please specify) \_\_\_\_\_

Prior building or related experience: \_\_\_\_\_

Professional designations or licenses held: \_\_\_\_\_

Home inspection training or courses attended (if this is a renewal, include only items not on previous applications):  
\_\_\_\_\_

Number of years of building inspection experience: \_\_\_\_\_ Total number of building inspections performed: \_\_\_\_\_

Website URL: \_\_\_\_\_

Highest educational level obtained: \_\_\_\_\_ Major, if applicable: \_\_\_\_\_

Arizona Legislative District # (if known): \_\_\_\_\_

Specialized education or experience: \_\_\_\_\_  
\_\_\_\_\_

Would you be willing to teach to our group?    Yes    No    Subject: \_\_\_\_\_

What subjects would you like to see taught at future seminars? \_\_\_\_\_  
\_\_\_\_\_

Do you know someone who could teach this type of seminar? \_\_\_\_\_

What committees or functions would you be willing to do or help with? (Circle all that apply)

Public Relations Committee

Membership Committee

Education

Public Complaint Tracking

Chapter Officer

District Coordinator

Candidate Development

Inspector Licensing

Chapter Newsletter

“Ride-along” program for new inspectors    Other: \_\_\_\_\_

Why did you join Arizona ASHI®? (Education, networking, learn new ways to earn money, etc.) \_\_\_\_\_  
\_\_\_\_\_

How can Arizona ASHI® better serve its Members/Candidates? \_\_\_\_\_  
\_\_\_\_\_

What are you willing to do to help make this happen? \_\_\_\_\_

What marketing ideas do you have for the Chapter? \_\_\_\_\_  
\_\_\_\_\_

Any other comments or suggestions:  
\_\_\_\_\_

## GENERAL ACKNOWLEDGMENT

I have read, accept and fully understand all statements in this application. I hereby certify that all statements are correct and understand that falsification may exclude me from membership. I understand my membership is non-transferable and my dues are non-refundable. A \$25 fee applies for any returned checks related to Chapter business.

**Applicant signature** (All applicants must sign): \_\_\_\_\_ **Date:** \_\_\_\_\_