

NY CAPITAL REGION ASHI® CHAPTER APPLICATION

**NOTE:** You MUST join ASHI® International prior to joining NY Capital Region ASHI® (NYCap-ASHI®). ASHI® International can be reached at 1-800-743-2744 or 1-847-759-2820; their website is [www.ashi.org](http://www.ashi.org). NY Capital Region ASHI® can be reached c/o Robert Davis, President, at 518-885-7949, or [www.goashi.com](http://www.goashi.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. 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: \_\_\_\_\_

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 NY Capital Region 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. I further acknowledge that as a Candidate my name will not be placed on any advertising material or lists of Members or C-2 Candidates produced by NY Capital Region ASHI®.

RELEASE FOR ALL APPLICANTS

**For and in consideration of the benefits provided to me by NY Capital Region ASHI®, 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.**

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:** \_\_\_\_\_

Mail the completed application to: **NY Capital Region ASHI, c/o Robert Davis, PO Box 106,, Ballston Spa, NY 12020**  
**New applicants:** Fees are \$250 (full year) or \$125 (partial year, if application is submitted after January 1).  
**Renewal applicants:** Yearly dues are \$250, and are due in October, and must be paid not later than November 30.  
**If paid after November 30, the yearly dues fee is \$275. Members who are not current in dues may not vote.**

NY CAPITAL REGION ASHI® CHAPTER APPLICATION (page 2)

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.

Name: \_\_\_\_\_ City \_\_\_\_\_ Business phone: (\_\_\_\_\_) \_\_\_\_\_

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: \_\_\_\_\_

NY Capital Region 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 NY Capital Region ASHI®? (Education, networking, learn new ways to earn money, etc.) \_\_\_\_\_  
\_\_\_\_\_

How can NY Capital Region 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: \_\_\_\_\_  
\_\_\_\_\_