

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. NY Capital Region ASHI® can be reached c/o Robert Davis, President, at 518-885-7949, or 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**
Chapter calendar year is from September to the following August. Yearly dues are \$250, if paid by the end of October. Dues paid after October are \$275. Prior year Chapter members who are not paid-up in their dues lose their voting rights until they have paid. Those who have not paid their dues prior to December 1 are no longer eligible to attend meetings. (Exceptions may be made at the discretion of the President.) For additional details/requirements see <http://www.goashi.com/joinus.html>.

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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:

