



**APPLICATION FOR MEMBERSHIP  
WISCONSIN ASSOCIATION OF HOME INSPECTORS, INC. (WAHI)**

**Regular Membership** (home inspecting; passed the state test): **Initial** dues are \$200, **Renewal** dues are \$150  
**Affiliate Membership** (business other than home inspecting): Initial or Renewal dues are \$100  
**Student/Associate Membership** (not home inspecting yet; still training; need to take the state test): \$50 (1 yr. only)  
**Retired Membership** (was a regular member previously): Initial or Renewal dues are \$25

***Please print all information:***

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

WOULD YOU LIKE TO RECEIVE THE NEWSLETTER BY EMAIL? YES / NO  
 (Requires Acrobat Reader – a free download)

Number of Years as a Home Inspector: \_\_\_\_\_ Full-Time Part-Time (Please Circle)

State Department of Regulation and Licensing Credential Number: \_\_\_\_\_

Date Received: \_\_\_\_\_ Expires: \_\_\_\_\_

|                                         |                 |                    |            |         |               |
|-----------------------------------------|-----------------|--------------------|------------|---------|---------------|
| <b>Please circle appropriate answer</b> |                 |                    |            |         |               |
| <u>Membership Category:</u>             | Initial         | Renewal            |            |         |               |
| <u>Membership Type:</u>                 | Regular         | Student/ Associate | Affiliate  | Retired | Reinstatement |
| <u>Chapter Affiliation:</u>             | Chippewa Valley | Central            | Fox Valley | Madison | Milwaukee     |

Work Background (Past and Present): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Inspector Training Received (Dates, Schools, Etc.): \_\_\_\_\_

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Error & Omission Insurance (E &O): Yes \_\_\_ No \_\_\_ Carrier Name: \_\_\_\_\_

Will do Commercial Inspections: Yes \_\_\_ No \_\_\_

Other Affiliations (ASHI, NAHI, etc.): \_\_\_\_\_ Member # \_\_\_\_\_

Other Certifications (If applicable): EPA Trained Radon \_\_\_\_\_ Lead Paint \_\_\_\_\_  
 Asbestos \_\_\_\_\_ FHA Inspector \_\_\_\_\_  
 VA Inspector \_\_\_\_\_  
 State Weatherization (DILHR) Inspector \_\_\_\_\_  
 Certified 3<sup>rd</sup> Party EIFS Inspector \_\_\_\_\_  
 City/Town Building Inspector \_\_\_\_\_  
 Other: \_\_\_\_\_

Has any disciplinary action ever been taken against you, your employees or company, from any court or other inspection organization? Yes \_\_\_ No \_\_\_

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If accepted for membership, I will familiarize myself with and abide by the Code of Ethics and the Bylaws of the Wisconsin Association of Home Inspectors, Incorporated. Further, I understand that membership dues are not deductible as charitable contributions, but may be deductible as an ordinary and necessary business expense, subject to restrictions imposed as a result of association lobbying activities.

**\*\*You must include a copy of your State License with your completed application\*\***  
**Please allow one month for your application to be processed.**

\_\_\_\_\_  
 (Signature) (Date)

Checks are to made payable to "WAHI" and mailed to:  
Julie Arnstein, Executive Director, 4590 S. Raven Lane, New Berlin, Wisconsin 53151

MasterCard and Visa payments may be mailed, faxed (262) 785-6765 or emailed to [juliewahi@wi.rr.com](mailto:juliewahi@wi.rr.com)

MasterCard / Visa \_\_\_\_\_ Exp \_\_\_ / \_\_\_ Security Code: \_\_\_\_\_  
(Please circle) (back of card, near signature)