



APPLICATION FOR MEMBERSHIP: AFFILIATE

www.wahigroup.com

1-414-299-9766

Please print ALL information

Name:

Company Name:

Address:

City:

State:

Zip Code:

Office Phone:

Cell Phone:

E-Mail Address:

Note: E-Mail and internet access required to receive/view the WAHI Inspector (monthly newsletter) & receive notices

Website:

WAHI Chapter Meeting Preference (check only one)

Central

Chippewa Valley

Fox Valley

Madison

Milwaukee

Offers Product/Service Statewide

Product or Service Offered

Other Information

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

Who referred you to WAHI:

Membership Fee

Affiliate Membership - Initial dues are prorated:

July-Sept \$225.00

Oct-Dec \$187.25

Jan-March \$137.50

April-June \$93.50

Renewal dues are \$175

All membership categories renew annually - July 1st through June 30th

If accepted for membership, I will familiarize myself with and abide by the Affiliate Code of Ethics and the Bylaws of the Wisconsin Association of Home Inspectors, Inc. 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.

(Signature)

(Date)

Payment Information :

Send a completed application along with a check made payable to "WAHI" to:
Julie Arnstein, Executive Director, 4590 S. Raven Lane, New Berlin, Wisconsin 53151

Credit card payments may be mailed, faxed (262) 785-6765 or emailed to julie@wahigroup.com

Discover, MC or Visa _____ Exp _____ / _____