

WEST VIRGINIA ASSOCIATION OF HOME INSPECTORS (WVAHI) APPLICATION



DATE OF APPLICATION: _____ Type: <u> </u> Inspector <u> </u> Associate <u> </u> Other: _____		
<u>NAME:</u>		
WV State Fire Marshal Certification # (If Applicable)		#:
<u>Date:</u> Certified by WV State:		
<u>Note:</u> Copy of Official WV Certification and Certification Card must accompany Application.		
COMPANY:		
ADDRESS:		
ADDRESS:		
CITY:	ST:	ZIP CODE:
OFFICE PHONE NUMBER:		
HOME PHONE NUMBER:		
FAX NUMBER:		
CELL PHONE NUMBER:		
PAGER NUMBER:		
E-MAIL ADDRESS: _____ <i>VERY IMPORTANT!!</i> <i>(most communications go out via E-mail to keep you informed in a timely & efficient manner).</i>		
WEB SITE:		
NATIONAL ASSOCIATIONS Affiliations:		
Name, membership # and classification		Name, membership # and classification
HAVE YOU TAKEN & PASSED THE NATIONAL HOME INSPECTOR EXAM?		
<input type="checkbox"/> YES <input type="checkbox"/> NO DATE: _____		
YEAR STARTED DOING HOME INSPECTIONS:		

LIST THE WEST VIRGINIA COUNTIES THAT YOU OR YOUR COMPANY SERVICE: (This will be used for the WVAHI Web Site) List up to eight (8) counties.

TRAINING RECEIVED RELATED TO HOME INSPECTIONS;

EDUCATION: HIGH SCHOOL
Other Degree Title/Discipline received:

OTHER AFFILIATIONS & MEMBERSHIPS: PROFESSIONAL ASSOCIATIONS, ETC;

OTHER SPECIALTY TRAINING, LICENSURE'S, &/or CERTIFICATIONS.

DUES \$100.00 PER YEAR (\$50.00 Last ½ Of year), PAYABLE WITH APPLICATION
Mail Application, Copy of WV Certification and Check Payable to: WVAHI, C/O –Greg Jenkins,
P.O. Box 882, Charleston, WV 25323

ANNUAL MEMBERSHIP DUES ARE DUE & Payable by EACH OCTOBER 1ST

PRINT NAME:

SIGNATURE:

DATE:

TO BE USED BY THE WVAHI

Date received: _____ Amount Received: _____ Check # _____ Received by: _____