

Central Illinois Chapter American Society of Home Inspectors - CICASHI

Membership Application

I wish to be a member of the Central Illinois Chapter of ASHI. I have read the chapter bylaws and agree to abide by them. Dues for a year will be from July 1st to June 30th, prorated on a quarterly basis for new members. I understand the dues policy and have enclosed the appropriate amount for the current years Chapter Membership.

Signed _____ *Date* _____

Amount Paid \$ _____

Please fill out the following information for Chapter records (please print):

Name _____

Company Name _____

Address _____

City, State, Zip _____

Phone Number _____ *Fax Number* _____

Email Address _____

Web site Address _____

ASHI Membership # _____

Illinois Home Inspector License # _____