



Application for Membership.

Michigan Association of Home Inspectors

Name:	
Company Name:	
Street Address:	
Additional Address:	
City, State, Zip Code:	
E-Mail Address:	
Website:	
Phone (tell us if it's a Business, Home, Fax, or Cell number.)	
Other Inspection Organizations you are a member of:	

Membership type desired : Regular Member, Inspector, Voting: \$100.00

Dues are annual and non-refundable. See [dues details page](#) for further information. It is your obligation to inform the Association of changes in the contact information above.

OATH

I the undersigned agree familiarize myself with the *Code of Ethics, Standards of Practice and By-Laws* of the Michigan Association of Home Inspectors, and to abide by them.

Signed: _____ Date: _____

**please make checks payable to MichAHI, and mail with application to:
MichAHI, 3635 Watuga , Walled Lake , Michigan 48390**

Thank you for your interest in the Michigan Association of Home Inspectors

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