



FLASHI MEMBERSHIP APPLICATION

COMPANY NAME: _____

CONTACT NAME: _____

ASHI # _____

MEMBER STATUS: *Please check one:* **Certified** **Associate**

ADDRESS: _____

BUSINESS PHONE: _____

E-MAIL ADDRESS: _____

I CERTIFY THAT I WILL COMPLY WITH THE CODE OF ETHICS AND STANDARDS OF PRACTICE OF THE AMERICAN SOCIETY OF HOME INSPECTORS, INC., (ASHI®) AND ALL RULES OF THE ASSOCIATION.

Date: _____ Signature: _____

MEMBERSHIP FEES: **NEW AND RENEWAL \$ 50.00**

PAYMENT INFORMATION: **CASH**
 CHECK
 PAY PAL on FLASHI web site
www.ashifl.com

Please forward completed application and dues to: Florida ASHI
1735 Whitman St.
Jacksonville, Florida 32210