

MEMBERSHIP DUES 2016

Metropolitan Association of Home Inspectors (**MAHI**)

NYS License # _____

Please indicate membership in any other Home Inspection Organization.

Yearly membership in MAHI is **\$185.00**/per year. (January 1 to December 31)

Applicant's full Name: _____

Company Name: _____

Street: _____

City, State, Zip: _____

Phone:(____)_____ Cell:(____)_____ Fax:(____)_____

E-Mail _____

Indicate highest level of education _____

Indicate type of Home Inspection training received _____

Indicate No. of Paid Inspections _____ Date of this application: _____

The purpose of **MAHI** is to advance the level of professionalism in the Home Inspection Industry as performed in the Metropolitan New York area. It further promotes the practice of home inspection and continuing education in accordance with the Standards of Practice and Code of Ethics set forth by the NYS Department Of State.

To qualify for **MAHI** membership one must complete this members application and pay the \$185.00 yearly fee. Visitors will be allowed to attend no more than two **MAHI** meetings before full membership is required.

Signature: _____

Please send completed application, along with your check payable to MAHI to:

Roy Erlandson, Treasurer
53 Burr Avenue
Northport, NY 11768