



**NEW YORK STATE
ASSOCIATION OF HOME INSPECTORS**

THE VOICE OF THE HOME INSPECTION PROFESSION IN THE EMPIRE STATE.

NYSAHI MEMBERSHIP APPLICATION

Member Name: _____

Company Name: _____

Street Address: _____

City: _____

State: _____ Zip code: _____

Phone: _____

E-Mail: _____

New Member Renewing Member

NYSAHI annual dues are \$75.00

Check enclosed (payable to **NYSAHI**) or

Dues paid by my trade association chapter (chapter name) _____
(All major credit cards are accepted on the paypal portal at NYSAHI.com)

Mail to:

**Mitchell Allen, Treasurer
New York State Association of Home Inspectors
c/o Inspect It 1st
446 East Meadow Avenue Suite 238
East Meadow, NY 11554**

I would be willing to serve on a NYSAHI Committee (i.e. membership development, fund raising)

Please completely fill in the contact information, especially the e-mail address. And make sure it is legible! Being able to contact our members quickly is critical.

Thank you