

**AMERICAN HOME WARRANTY ASSOCIATION**  
**Home Inspector Membership Application**

Your Name: \_\_\_\_\_

Company Name and Complete Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) corporation ( ) sole proprietorship ( ) partnership ( ) other

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail Address:

\_\_\_\_\_

Web Site Address:

\_\_\_\_\_

Training (school, certifications, experience):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

National or State Association Memberships:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of home inspections in the last 12 months?

\_\_\_\_\_

How many do you expect to do in the next 12 months?

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Names of your home inspectors:

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Credit Card information:\* Card

Company:\_\_\_\_\_

Number:\_\_\_\_\_

Expiration Date:\_\_\_\_\_

Name on Account:\_\_\_\_\_

\*All fees may at member's option be paid by credit card; information submitted one time only and placed in member's secure data file.