

# SOCIETY OF PROFESSIONAL PROPERTY INSPECTORS

## Application for Membership

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

Company: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ E Mail Address: \_\_\_\_\_

Type of business: \_\_\_\_\_ Years in Business \_\_\_\_\_

I would like to become a \_\_\_\_\_ Member \_\_\_\_\_ Associate Member

Where did your certification come from: \_\_\_\_\_

I have completed \_\_\_\_\_ fee paid inspections, 250 required for full member  
*(HOME INSPECTORS ONLY)*

I have completed the National Home Inspectors Exam or SPPI Exam \_\_\_\_\_  
*(HOME INSPECTORS ONLY)*

Name of SPPI sponsoring member \_\_\_\_\_

Please list any organizations with which you are currently affiliated.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List the name and telephone number of references to your industry.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit this form to the Membership Chairman with your check for  
\$ 100.00 if dues are to be prorated, it will be done during the second year.

Approved \_\_\_\_\_ Date \_\_\_\_\_