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Jackson, MS 39211
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(601) 981-7676 FAX
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Mississippi Association of Home Inspectors Membership Application

Name of applicant: _____

Company Name under which you do business: _____

Physical Business Address: _____ City: _____ State: ____ Zip: _____

Physical Mailing Address: _____ City: _____ State: ____ Zip: _____

Business phone: () _____ Fax: () _____

E-mail: _____ Your Internet Site URL: _____

Home Address: _____ City: _____ State: ____ ZIP: _____

- A. Have you ever been convicted of a felony or a misdemeanor involving moral turpitude or plead nolo contendere, or no contest, to such charges? ____ Yes ____ No *(If yes give summary of the circumstances on the back of this form.)*
- B. Are you a citizen of the United States? ____ Yes ____ No Are you a legal alien? ____ Yes ____ No
- C. Have you been or are you now a registered or licensed as a home inspector in another state? ____ Yes ____ No
State: _____ License or Registration #: _____
- D. Have you ever had a professional license of any kind suspended, canceled, or revoked? ____ Yes ____ No
Explain: _____
- E. Mississippi Home Inspection Board License # _____ Date Issued _____
- F. Next date by which you must meet the Mississippi Continuing Education requirement for licensure renewal
_____.
- G. I certify that I have read and agree to comply with the rules and laws of the Mississippi Home Inspection Board. (Initial here: _____)

MAHI DUES SCHEDULE

Licensed Home Inspector*	\$100.00
If joining between July 1 and December 31	50.00
Associate Member**	50.00
If joining between July 1 and December 31	25.00

* Please include a short resume of your education and experiences.

** An Associate Member is anyone who has an interest in the home inspection industry, such as lenders, brokers, equipment suppliers, etc.

Signature _____

Date _____

I swear and affirm that the information provided above is complete and true. I understand that I am subject to the perjury laws of the State of Mississippi.