



MAHI Membership Application

219 Highland Village | Jackson, MS 39211 | 601.982.4009 Office | 601.982.7676 FAX

Name of applicant: _____

Company name under which you do business: _____

Business address: _____ City: _____ State: ___ Zip: _____

Wireless phone: _____ Business phone: _____ Fax phone: _____

Home address: _____ City: _____ State: ___ Zip: _____

E-mail: _____ Your internet site URL: _____

A. Have you ever been convicted of a felony or 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

C. Have you been or are you now 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 you must meet the Mississippi Continuing Education requirement for licensure renewal _____

I certify that I have read and agree to comply with the rules and laws of the Mississippi Home Inspection Board and the by-laws of the Mississippi Association of Home Inspectors – MAHI. Initial: _____

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.