

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 _____