



## MEMBERSHIP APPLICATION

MeCHIPs was founded in January 1999. Our goal is to create a professional forum for the exchange of information regarding the Home Inspection industry and to effectively represent Home Inspection Professionals. MeCHIPs holds 6 Business Meetings per year and sponsors several Professional Development Seminars each year. Each Professional Member of MeCHIPs is bound to abide by the Bylaws, Standards of Practice, and Code of Ethics. Already, over forty Home Inspectors have joined together to form MeCHIPs. We look forward to your membership and support.

For your dues of \$75.00 a year, payable in January, you will receive:

- Notice of the meetings to be held each year (usually first Tuesday of month)
- Meeting Minutes and Updates
- MeCHIPs Mission Statement
- MeCHIPs Bylaws, Standards of Practice, and Code of Ethics
- An opportunity to meet and network with other Home Inspection professionals

Full professional membership requires compliance with the Bylaws, Standards of Practice, and Code of Ethics; use of a written home inspection report; earning 60 CEUs over a 3-year period; utilization of a written contract (with arbitration clause) with your clients; and passing a nationally recognized home inspector exam or other examination. MeCHIPs has asked other associations (ASHI, NAHI, etc.) to recognize our meetings for CEUs. Affiliate membership for those not actively engaged in the home inspection business is also available; use this same application.

Application is for (check one):  Full member  Candidate member (yet to pass exam)  Affiliate member

I, the undersigned applicant, hereby declare that the information contained in this application is true and that I will use the most recent edition of the MeCHIPs Standards of Practice and Code of Ethics as a guideline to perform home inspections. I further agree to hold MeCHIPs, its Directors, and Officers harmless in the event of a claim or proceeding arising out of the performance of service for customers referred to me because of MeCHIPs. I authorize MeCHIPs to investigate and confirm the information declared by me in this application.

Business Name: \_\_\_\_\_  
How long in Business: \_\_\_\_\_ yr. Part/Full Time: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: We prefer to communicate via e-mail first, then fax, and lastly by mail. If Application came to you by e-mail, please print it out, fill it in, and send with your check to the address below.

### MAIL APPLICATION ALONG WITH YOUR MEMBERSHIP DUES TO:

MeCHIPs, P.O. Box 714, Gardiner, ME 04345

Phone: 207-582-1334

e-mail: [wflanders@zwi.net](mailto:wflanders@zwi.net) or [Secretary@mechips.org](mailto:Secretary@mechips.org)

3/9/07