

Florida InterNational Association of Certified Home Inspectors

FL NACHI

P.O. Box 6829 Seffner, FL 33583-6829 www.flnachi.org

Affiliate Membership Application

First Name: _____ Initial: _____

Last Name: _____

Business Name: _____

Mailing Address _____

City: _____ Zip Code: _____

Phone Number: _____

E-mail: _____

Website (optional): _____

I understand that a fee of \$99 a year is required for affiliate membership in FL NACHI.

FL NACHI affiliate membership will give me full access to FL NACHI website, newsletters and bulletins.

I understand that should I meet the requirements for full membership my fee will be applied toward it.

Most importantly, I understand that my membership supports a lobbyist in Tallahassee who is looking out for my interest.

Signature _____ Date _____

Note: Membership maybe tax-exempt consult IRS for more information.

Official use: Check # _____ Paypal # _____