

Florida InterNational Association of Certified Home Inspectors
FL NACHI
P.O. Box 6829 Seffner, FL 33583-6829 www.flnachi.org

Membership Application

First Name: _____ Initial: _____

Last Name: _____

Business Name: _____

Mailing Address _____

City: _____ Zip Code: _____

Phone Number: _____

E-mail: _____

Website (optional): _____

InterNACHI ID # _____

FL license # _____

I understand that in order to be a member of Florida NACHI I must be a member of InterNACHI and be a Florida licensed Home or Mold Inspectors.

I affirm that I am a member in good standing of InterNACHI.

I understand that along with the above requirements a fee of \$99 a year is required for membership in FL NACHI.

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

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

Signature _____ Date _____

Official use: Check # _____ Paypal # _____