



# Florida Association of Building Inspectors, Inc. Application for Professional Inspector Membership

PLEASE TYPE OR PRINT CLEARLY

Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Business Name \_\_\_\_\_ Birthday (Month/Day) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Counties Served \_\_\_\_\_

Office Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

FABI Sponsor/Referral (If applicable): \_\_\_\_\_

# of Years in Inspection Services \_\_\_\_\_ # of Inspections Performed To Date \_\_\_\_\_

HI License Number \_\_\_\_\_ Date Licensed by the State \_\_\_\_\_

Other Licenses Currently Held \_\_\_\_\_

Services Offered (i.e. New Construction Inspection, Insurance Inspection, Mold Testing, etc.) \_\_\_\_\_

Brief Background History \_\_\_\_\_

## CHOOSE YOUR PAYMENT OPTION

I'd like to set up monthly payment of my dues at \$19.99. I have completed and returned [the recurring dues form](#) with this application.

I would like to pay my full year of dues upfront for \$225. ([Make online payment by clicking here](#) or complete the information below.)

I am a dues paying member of ASHI or InterNACHI and would like to take advantage of the 25% discount off FABI annual dues (\$168.75). I have included a copy of my current paid dues receipt for either organization. ([Make online payment by clicking here](#) or complete the information below.)

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing address including city, state and zip (if different from above) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

*Credit card information will be redacted from application once payment has been processed.*

## Application for Professional Inspector Membership

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Please read and initial each line below signifying you have read and understand the policies and procedures.

\_\_\_\_\_ I understand that I am not officially a FAB I Professional Inspector until I receive notification of such from the FAB I Office.

\_\_\_\_\_ I understand that once I am a FAB I Professional Inspector, I may only use the FAB I logo as long as I continue my membership with FAB I. If I resign or my membership is terminated for any reason, I understand I have 30-days from my last day of membership to remove all FAB I logos from any marketing material I use including website, business cards, car decals, etc.

\_\_\_\_\_ I understand that my dues are payable on the date shown on my dues invoice and that, per FAB I Policies and Procedures, "FAB I Membership may be terminated if money owed to FAB I exceeds 30-days past due."

\_\_\_\_\_ I understand that I am required to attend at least one FAB I quarterly conference per FAB I renewal year and earn at least 20-continuing education credits. Attendance at a FAB I conference consists of at least two days (Friday/Saturday or Saturday/Sunday) at one conference or one day at two conferences.

\_\_\_\_\_ I understand it is my responsibility to submit credits, received outside of a FAB I conference, to the FAB I office upon each renewal.

\_\_\_\_\_ I understand that if I do not meet the continuing education requirements by renewal, I will be placed on a six month probation in which to meet those requirements.

*FAB I makes its membership list available to FAB I Affiliate Members who offer products and services to our members.  
If you do not wish to be included, please check this box*

### DECLARATION OF INTENT Please read carefully and sign below

I attest and declare that I have read and understand the Florida Association of Building Inspectors, Inc. (FAB I) [Standards of Practice](#), [Code of Ethics](#) and [Policies and Procedures](#).

By signing this document, I agree to abide by and uphold all conditions as so stated in the three referenced documents and in this application. I also understand that abiding by and upholding ALL aspects of the FAB I Code of Ethics, Standards of Practice and Policies and Procedures is a condition of membership in FAB I, and any violation may result in an immediate termination of membership and all rights and privileges of membership.

My signature is my seal that I will practice all inspections under the guidelines of the FAB I Standards of Practice and the FAB I Code of Ethics.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness\*

**\*Applications without a Witness Signature will be returned.**

**Return your application by email to [info@fabi.org](mailto:info@fabi.org)  
or by mail to: FAB I / P.O. Box 149202 / Orlando, FL 32814**