



Florida Association of Building Inspectors, Inc. Application for Aspiring Associate/Associate 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.

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Page 2 of 2

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

_____ I understand that until I am classified as a FABI Associate Inspector, I may not use any FABI logo in my marketing materials or advertise myself as anything other than a FABI Aspiring Associate Inspector. Once FABI Associate Inspector membership is attained, I will be sent the proper logo for that category and can then add it to my marketing materials and advertise myself as a FABI Associate Inspector.

_____ I understand that FABI Associate Inspectors are only permitted to use the FABI Associate Inspector logo and that any associate inspector found to be using the standard FABI logo, the registered professional inspector logo, the master professional inspector logo or the affiliate logo, may, at the discretion of the FABI Ethics and Standards of Practice Committee, have their membership immediately terminated with no refund of monies paid.

_____ I understand I will not be sent a FABI membership badge or certificate until I become a FABI Associate Inspector by submitting proof of 100 full fee-paid home inspections and one completed full home inspection report and having both approved.

_____ I understand that I am required to attend at least one FABI quarterly conference per FABI renewal year and earn at least 20-continuing education credits.

_____ I understand as an associate inspector I am working towards registered professional inspector membership. This category requires proof of 250 fee-paid full home inspections (to include the original 100 I will submit for associate inspector membership).

*FABI makes its membership list available to FABI 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. (FABI) [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. I also understand that abiding by and upholding ALL aspects of the FABI Code of Ethics, Standards of Practice and Policies and Procedures is a condition of membership in FABI, and any violation may result in an immediate termination of membership and all rights and privileges of membership.

I understand that I may only use the FABI Logo designated for my membership level and that using any other FABI logo as a Associate Inspector will be grounds for termination of my membership.

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

Signature

Date

Witness*

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

**Return your application by email to info@fabi.org
or by mail to: FABI / P.O. Box 149202 / Orlando, FL 32814**