



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.

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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 I am not officially a FABI Professional Inspector until I receive notification of such from the FABI Office.

_____ I understand that once I am a FABI Professional Inspector, I may only use the FABI logo as long as I continue my membership with FABI. 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 FABI 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 FABI Policies and Procedures, "FABI Membership may be terminated if money owed to FABI exceeds 30-days past due."

_____ 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. Attendance at a FABI 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 FABI conference, to the FABI 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.

*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 and in this application. 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.

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

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