



# ONTARIO ASSOCIATION OF HOME INSPECTORS (OAH)

Established by the Ontario Association of Home Inspectors Act, 1994

## OAH 2012-2013 MEMBERSHIP APPLICATION

Title: Mr. Mrs. Ms.  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Preferred Name to be used on Certificates: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address (mailing address): \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Languages Spoken: \_\_\_\_\_  
Business Tel No.: \_\_\_\_\_ Bus. Fax No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_  
Home Tel No.: \_\_\_\_\_ Other Tel. No.: \_\_\_\_\_ Toll Free No.: \_\_\_\_\_  
Email (Important): \_\_\_\_\_ Website: \_\_\_\_\_

1. I am applying for the following membership status in OAH (Please check one ☒ and initial at the end of the line in the box)

**Student** (non-practicing member)

When granted, I acknowledge that I will not be performing paid home inspections

Please enter your initials here → \_\_\_\_\_

**Applicant Member** (practicing member)

When granted, I acknowledge that I will be performing fee paid home inspections.

Please enter your initials here → \_\_\_\_\_

2. I acknowledge that I am entitled to use the logo of the Ontario Association of Home Inspectors only in strict accordance with the OAH By-laws and Policies regarding Logo use. Please enter your initials here → \_\_\_\_\_

3. I would like to be aligned with the following Monthly Meeting Group: (Please check one ☒):

Toronto

Ottawa

Southwestern Ontario

Kingston Regional

North Central Ontario

Southern

4. I acknowledge that I have read the OAH Standards of Practice and Code of Conduct. Please enter your initials here → \_\_\_\_\_

5. **INSURANCE COVERAGE:** ONLY for Applicants who are performing fee paid home inspections (Please check one ☒ of the following and attach a copy of the one applicable):

I enclose a copy of my E&O Insurance Certificate showing name, liability amount and policy effective dates.

OR

I declare and agree to disclose each and every home inspection client that I do not hold errors and omissions insurance, and I agree to obtain a written acknowledgement of this disclosure as required in Article 5.2 of the OAH By-laws. I enclose a copy of the acknowledgement of the disclosure to be signed by the client.

6. **2012-2013 MEMBERSHIP FEES:** July 1<sup>st</sup> is the annual renewal date. You are responsible to maintain your membership annually by completing an OAH Membership Renewal Application and submitting it (along with renewal fees) to the OAH office which will be mailed to you approximately 45 days before the renewal date. Membership fees are pro-rated as follows (please check all that apply) ☒ all prices subject to change without notice

Join in:	Student (Non-Practicing Member)	Applicant Member (Performing Fee Paid Inspections):
July 2012 - September 2012	\$282.50 (\$250.00 + \$32.50 HST)	\$508.50 (\$450.00 + \$58.50 HST)
October 2012 - December 2012	\$214.70 (\$190.00 + \$24.70 HST)	\$384.20 (\$340.00 + \$44.20 HST)
January 2013 - March 2013	\$146.90 (\$130.00 + \$16.90 HST)	\$259.90 (\$230.00 + \$29.90 HST)
April 2013 - June 2013	\$339.00 (\$300.00 + \$39.00 HST - Includes full 15 months)	\$565.00 (\$500.00 + \$65.00 HST - Includes full 15 months)
Annual Dues	\$282.50 (\$250.00 + \$32.50 HST)	\$508.50 (\$450.00 + \$58.50 HST)

Practicing Members

Report Verification Fee \$84.75 (\$75.00 + \$9.75 HST)

**PAYMENT TYPE – My 2011 Membership Fee is being paid by...** PLEASE NOTE: If paying by Credit Card, please provide a signature in the Credit Cardholder's Signature area below

VISA

Credit Card Number

M M Y Y  
Expiry Date

3 digit code on back of card  
CVD Number

MASTERCARD

Credit Cardholder's Name

Credit Cardholder's Signature

GST/HST #88009 9528 RT

CHEQUE →

Payable to: Ontario Association of Home Inspectors

I HEREBY APPLY for membership in the Ontario Association of Home Inspectors (OAH) and the membership status as indicated above. I certify that the information contained in and as part of this application is true, and I consent to verification of the information by the OAH. I agree to abide by all regulations and the Standards of Practice, Code of Conduct and By-Laws of the OAH. I understand that any misrepresentation on this application may jeopardize my current or future status in the Association, or result in prosecution. I understand that I am entitled to advertise or use the names Ontario Association of Home Inspectors, OAH, CAHPI-Ontario only in strict accordance with the OAH By-laws. I am not entitled to use any form of the RHI designation until I have achieved that status. I understand that membership dues are not refundable.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Mail all correspondence to: Ontario Association of Home Inspectors

1515 Matheson Blvd. East Suite 205, Mississauga ON L4W 2P5

Telephone / Fax Nos.: Tel: (416) 256-0960 or 1-888-744-6244 • Fax: (905) 624-4360 or 1-877-474-4360

Email: oahi@oahi.com • Web Site: [www.oahi.com](http://www.oahi.com)

Note: Any personal information submitted will not be disseminated, disclosed, sold, or released to any third party except as disclosed in the OAH Privacy Policy.