



**Promoting Ethics & Education
in the Kentucky
Home Inspection Profession.**

Kentucky Real Estate Inspectors Association Inc.

1122 Skyline Drive, Carrollton, KY 41008
Voice Mail: 877-637-2600 www.KREIA.org

Membership Application

All Prospective members must complete this application for KREIA membership. You must have a valid Kentucky Home Inspectors License as issued by the State of Kentucky to qualify for "Inspector" status. All other applicants will be considered for application as KREIA Members, and KREIA Affiliates. The annual dues fee is \$120.00, a one time non-refundable application fee of \$30.00 is required with each application.

Membership Applying for: Inspector:___ KY License #, HI-_____ Member:___ Affiliate:___

Name: (First/Last) _____

Company Name: _____

Address: _____

City/State/Zip: _____

County: _____

Phone: _____ Cell: _____ FAX: _____

E-Mail: _____

WEB / URL _____

Standards of Practice adopted on the KY State License Application: ASHI__ NAHI__ NACHI__

Kentucky Counties Served:

1)_____ 2)_____ 3)_____

4)_____ 5)_____ 6)_____

Numbers of Years as a Home Inspector:_____ Full Time Inspector: Yes No Student

Please attach your resume to this application. Please include all licenses, certifications, professional memberships and education, etc.

REFERENCES (Required)

List three business references that have known you for more than one year.

NAME	ADDRESS	BUISNESS	PHONE
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

Membership Dues and Application Fees MUST Accompany Application

Representation: I represent that the information in this application is true and that no material facts have been misstated or omitted. I understand that this application and accompanying documentation shall form the basis of Membership and constitutes the Membership Agreement. Completion of this application does not guarantee membership. This application must be approved by the KREIA Board of Directors.

I further understand that not meeting the requirements of the Standards of Practice and Code of Ethics that I have identified may result in the termination of my membership in KREIA without any refund of membership dues paid. No refunds of dues after acceptance as a member.

Applicant Signature: _____ **Date:** _____

By signing below I consent that KREIA may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Signature: _____ **Date:** _____

For Association Use Only:

Application Received by: _____ Date: _____ Approved / Denied Date: _____

Assigned Membership Number: _____