



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

With exception to those submitting this application as an update to their initial membership application, an application fee of \$65 must be submitted with application.

Application fee will be applied towards your first year's dues, if balance of dues (\$185) is paid within 30-days.

Alternatively, you may choose to pay the full first year's dues with application.

Check enclosed for application fee (\$65)

Check enclosed for full year's dues (\$250)

[Online payment](#) of application fee (\$65)

[Online payment](#) of full year's dues (\$250)

Charge my Visa/MasterCard/AmExp/Discover for application fee (\$65) OR full year's dues (\$250) (complete info 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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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
or by mail to: FAB I / P.O. Box 149202 / Orlando, FL 32814**