



**APPLICATION FOR MEMBERSHIP**

***TYPE OR PRINT CLEARLY***

YOUR SIGNATURE ON THIS DOCUMENT AND **A COPY OF YOUR DRIVER'S LICENSE OR VALID IDENTITY DOCUMENT** ARE REQUIRED FOR MEMBERSHIP IN SASHI

**Please complete and return with payment or proof of payment to:  
SASHI, PO Box 974, Stellenbosch , 7599  
Tel:(021) 883 9444; Fax (021) 883 9515; E-Mail:info@urbanlife.co.za**

***DUES ARE NON-REFUNDABLE***

Date: *day*..... *month*.....*year* .....

Business Name ((if applicable) ).....

Title.....First Names .....Surname.....

Street Address .....

Postal Address: PO Box:.....

City ..... Prov ..... Postal Code .....

Phone ..... Fax.....

Cell: .....E-Mail Address .....

Area of operation (geographical) .....

**ACKNOWLEDGMENT AND RELEASE**  
***(Please read carefully and sign below)***

***I hereby certify:***

- That I have read and understand the SASHI Code of Ethics, Standards of Practice and Constitution and that I will abide by it and all other rules and regulations of the Society.
- I will not personally and in my capacity as a sole trader sell, purchase or list real estate for third parties .
- That I will not personally and as a sole trader repair for a fee any conditions I find during inspections.
- That I will not personally and as a sole trader use my home inspection work to deliberately obtain work of a biased nature in another field.
- That I will support the Society's endeavours to obtain government approval (in the form of legislation) of the home inspection profession and licensing of home inspectors.

***I understand:***

- That as an SASHI CANDIDATE, I am not a full MEMBER of SASHI. I may not vote or hold national office, and may not exercise any of the other rights of membership.
- That until I receive written notice from SASHI that I have officially been accepted as a MEMBER (or Candidate with Logo Use Privileges), I may not and will not use the SASHI name or logo to advertise, or imply in any promotional material that I am affiliated with SASHI. This restriction includes, but is not limited to, all Yellow Page directory advertising, company brochures, internet website, stationery, and resumes. I fully understand and agree that if I violate this Society policy in any manner, I may be suspended or expelled from SASHI.
- That after a minimum 30 day waiting period as a CANDIDATE and after meeting all other requirements, including passing the required examination, I may obtain the status as an SASHI MEMBER.

**As a CANDIDATE and as a MEMBER, I agree to report and inspect in substantial compliance with SASHI's Standards of Practice and Code of Ethics.**

*I have read, accept, and fully understand all statements in this Application. I hereby certify that all statements are correct. I understand that any failure to comply with the above or falsification may exclude me from membership in the South African Society of Home Inspectors.*

**RELEASE**

For and in consideration of the benefits provided to me by the South African Society of Home Inspectors, I hereby waive, release and forever discharge SASHI, its Board of Directors, officers, members, servants, agents and employees, of and from all suits, claims, causes of action, damages, losses or injuries that I shall or may have for any reason or cause including but not limited to those related to the implementation or enforcement of the SASHI *Code of Ethics, Standards of Practice* and/or any other activities.

***Unauthorized alterations/omissions found on this form (now or in the future) will void this application. Membership is non-transferable and non-refundable.***

.....  
Agreement Signature of Applicant

.....  
Date

***In order to fully process your membership, sign this document, enclose a copy of your driver's license or Valid ID document and send it to SASHI***

**Total Amount Due: Annual dues of R500 (renewing every year on the anniversary of this application)**

Cheque payable to "Lourens Attorneys Incorporated - for R 500,00 enclosed.

Proof enclosed of direct deposit or electronic transfer of R 500,00 made to:  
**(Account details: Lourens Attorneys Incorporated, First National Bank, Stellenbosch, Account nr: 62010031699, Branch Code: 200610 Ref – Your Initials & Surname & "SASHI").**

***Please fax, post or e-mail a copy of your proof of payment/cheque to our offices together with your application form and a copy of your ID document or drivers license***

***Dues are non-refundable***