

Association of Plant Inspection Professionals

COMPANY MEMBERSHIP APPLICATION

Company Name:	
Primary Voting Representative	Alternate Voting Representative
Name:	Name:
Title:	Title:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone:	Phone:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

MISSION STATEMENT

The Association is a nonprofit organization whose membership consists of individual inspectors, inspection companies and any organization that provides support to the inspection industry. It is the purpose and intent of this organization to provide its members a forum whereby collectively and mutually they can improve and enhance the Inspection Service Industry.

Applicant hereby agrees to abide by the By-laws and Code of Ethics of the Association.

Signature

Date

Annual Dues are \$500.00. Payments received will be pro-rated to the month of August, the annual renewal date. Fax payment to APIP at Fax No. 281-470-7783. Or, mail check to APIP 1710 Rd. LaPorte, Tx 77571.

Payment Type:

Credit Card (Fax or Mail Order) Visa MC Discover

Check (Mail order only) Check No: _____

Money Order

Card #: _____ Exp. Date: _____

Name on Card: _____