

Nevada Association of Certified Real Estate Inspectors

Membership Application

NAME: _____

COMPANY NAME: _____

NEVADA CERTIFICATION #: _____

RESIDENTIAL ; GENERAL ; MASTER ; ASSOCIATE ;
(CHECK ONE)

BUSINESS ADDRESS: _____

CITY: _____; STATE _____; ZIP _____

MAILING ADDRESS: _____

CITY: _____; STATE _____; ZIP _____

PHONE: _____; FAX: _____

E-MAIL: _____; OTHER: _____

It is understood that all members will be required to pay yearly dues in the amount of \$50.00 per year, which may be subject to change.

SIGNATURE: _____; DATE: _____

Please remit to: Nevada Association of Certified Real Estate Inspectors
P.O. Box 19077
Reno, NV 89511-0869