

CAHPI NATIONAL AFFILIATE PROGRAM

APPLICATION FORM

Annual Fee: \$450.00 Cdn

Company Name: _____

Address: _____

City/State: _____

Province/State: _____

Postal Code/Zip Code: _____

Website URL: _____

Telephone No.: _____

Contact Person: _____

Email Address: _____

Product/Service Description: (20 words max) _____



Canadian Association of Home & Property Inspectors
P.O. /C.P. 76065, Morgan's Grant PO
Ottawa, Ontario K2W 0E1
www.cahpi.ca / info@cahpi.ca
613-227-3919