

Texas Association of Real Estate Inspectors Fort Bend Chapter Membership Application

Name of Applicant TREC License # _____

Firm Name _____

Office Address _____

City State Zip _____

Phone Fax E-Mail _____

Cellular (Optional) _____

Pager (Optional) _____

Date of Birth _____

Home Phone _____

Spouse's Name (if married) _____

Website Address: _____

Please check one: Sole Proprietor Partnership Corporation Other

Are you an active inspector? Yes No

If yes, how many years? _____ Full Time Part Time

Number of complete, paid property condition inspections performed to date: _____

List professional licenses, registrations, certifications:

Applicant's Agreement:

I understand that my membership will be determined by the information provided herein and any fraudulent statement or representations will result in permanent revocation of membership. By applying for membership in the Texas Association of Real Estate Inspectors, Inc. Fort Bend Chapter, I acknowledge that should my application be accepted by the chapter and I be granted full rights and privileges of such membership, I will accept and be bound to ascribe to and abide by the Bylaws of the Association, including the Code of Ethics (which I have read). I further agree to abide by and adhere to any future additions, alterations, amendments or revisions of the Constitution, Code of Ethics, Bylaws and regulations of the Association which may hereafter be lawfully adopted, as long as I continue my membership.

Date _____

Applicant's Signature