



Please complete the application and remit  
with \$75.00 payment to:

Mid TN ASHI  
1123 Nashville Pike  
Gallatin, TN 37066

### **Middle Tennessee ASHI Membership Application**

**Name** \_\_\_\_\_

**Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Office** \_\_\_\_\_

**Cell** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Website** \_\_\_\_\_

**ASHI National Member #** \_\_\_\_\_

**ASHI Status (Certified Inspector/ Logo Privilege/ Associate)**