



## Golden Gate ASHI Membership Application/Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Website \_\_\_\_\_

Business Email \_\_\_\_\_

Forum Email \_\_\_\_\_

Personal / Mobile Phone \_\_\_\_\_

Member Type: (ASHI Certified / ASHI Inspector / ASHI Associate / GGASHI Associate)

Membership Number \_\_\_\_\_

Application Type: (Renewal / New Member)

**Primary Service Area:** (circle one)

(Alameda / Contra Costa / Marin / Napa / SF / San Mateo / Santa Clara / Solano / Sonoma)

**Secondary Service Area:** (circle all that apply)

(Alameda / Contra Costa / Marin / Napa / SF / San Mateo / Santa Clara / Solano / Sonoma)

**Preferred area of participation:** (Participation is required of all members)

(Education / Legislative / Membership / Public Relations / Website / Chapter Officer)