



APPLICATION FOR MEMBERSHIP

Thank you for your decision to join the National Home Watch Association. Whether your company is already established, or you are in the very early stages of your business start-up, the NHWA is here to assist, guide, and mentor you.

INSTRUCTIONS

This form is a fillable PDF form, enabling you to type directly onto the form. Please fill out the application to the best of your ability. **IF YOU HAVE NOT YET MET CERTAIN REQUIREMENTS, COMPLETE WHAT YOU CAN.**

All principals of the business must sign and initial the application where indicated. If your company has more than two principals, have the additional principal(s) use a second application for their information, signatures and initials.

Please select one of the following two signature options:

- I agree that this application may be electronically signed. I agree that the electronic signatures and initials appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.
- I elect to opt out of signing this agreement electronically. I chose to download, print and mail the original application with handwritten signatures and initials to the NHWA to:

NHWA
PO Box 2359
Murrells Inlet, SC 29576

Payment can be made by check or PayPal. Should you want to pay by ACH (directly from your bank account), please contact us at (843) 357-6660 (option 4), and we will invoice you directly.



After we receive your membership application and payment, you will be contacted by the NHWA.



APPLICATION FOR MEMBERSHIP

CONTACT INFORMATION

Company Name (if using a dba, put parent company name)

DBA/Fictitious Name

Physical address: Use this address on NHTA website

Mailing address: Check if same as physical address

Use this address on NHTA website

Number and street

Number and street

City/State/Zip (or City/Province/Postal Code)

City/State/Zip (or City/Province/Postal Code)

Check here if you want your city or town ONLY listed on the NHTA website.

Company Principal 1 – Print Full Name and Date of Birth

Company Principal 2 – Print Full Name and Date of Birth

Company Principal 1 – Title and Cell Phone Number

Company Principal 2 – Title and Cell Phone Number

Number and street

Number and street

City/State/Zip (or City/Province/Postal Code)

City/State/Zip (or City/Province/Postal Code)

If your company has more than two principals, have the other principal(s) use a second application for their info.

Contact Person: Name, Cell Phone Number, and Best Time to Call

Which phone number do you want included on the NHTA website? _____

What email address should we be using to communicate with you during start-up?

What is your website URL?

Your current email

Company Website URL

TO ENSURE PROPER COMMUNICATION, YOU MUST NOTIFY US IF ANY OF THE LISTED INFORMATION CHANGES.

COMPANY INFORMATION

_____ / _____
State or Province of Incorporation

_____ / _____
Date of Incorporation (MM/YYYY)

Type of Business:

- LLC
 Corporation
 Sole Proprietorship
 Partnership

Do you currently have employees? (Not including principals). If so, how many? _____

It is crucial that we know what services **ASIDE FROM HOME WATCH** your company will be performing. If you plan on **MAKING ARRANGEMENTS** for other services, you will not be performing them yourself. The services you list will actually be performed by your company. They are:

- | | |
|--|---|
| <input type="checkbox"/> Keyholder | <input type="checkbox"/> Concierge |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> VRBO/Airbnb Assistance |
| <input type="checkbox"/> Basic maintenance | <input type="checkbox"/> Storm Services |
| <input type="checkbox"/> Basic Handyman | <input type="checkbox"/> Other: _____ |
- _____

Are you currently licensed? Yes No If yes, you will need to provide a copy of your current business license(s). If you don't have them, you must apply to the cities/towns you will be doing business in. **WHEN APPLYING FOR BUSINESS LICENSES, USE NAICS CODE 812990.** Unless you have a Property Management license, do not call yourself property management. (Note: If you are in Massachusetts, you will need to apply for a Commonwealth of Massachusetts Department of State Police Watch Guard Patrol License.)

Cities/towns served by your business (service area): _____

Have any consumer or criminal complaints been filed against you or your company? If so, please explain. (Use an extra sheet if necessary.) _____

What is your time frame for your business start-up?

- I intend to get my business accredited and up and running as soon as possible.
- I'm still in the planning stages and do not plan to launch my business for 4-6 months or more.
- My business is already an established entity.

Please note that your membership renewal date will be **365 days from your JOIN date**, not from your company's accreditation date.

What is your experience prior to doing Home Watch? What area(s) of expertise do you have? (You never know where this will come in handy with the NHWA!)

INSURANCE

The cornerstone of NHWA membership is proper insurance. The NHWA requires general liability insurance for a minimum of \$1 million limit per occurrence. **THE POLICY MUST ADDRESS AND COVER THE ACT OF HOME WATCH.** Other services offered should be covered by specific insurance for those services unless they are included. The NHWA highly recommends professional liability (E & O – Errors & Omissions) insurance. The NHWA requires all insurance policies to name the National Home Watch Association as an additional insured. **This is non-negotiable.**

The NHWA requires a dishonesty bond of at least \$10,000.

- I am interested in the National Home Watch Association Insurance Program.

My company:

Is currently insured Yes No Is currently bonded Yes No

Carries workers' compensation insurance, if required Yes No N/A

I hereby give the NHWA permission to speak to my insurance agent/broker to confirm said coverage and requirements, and I agree to provide a copy of my certificate of insurance.

Insurance broker/company for general liability insurance:

(Name and phone number)

Insurance broker/company for workers' compensation insurance:

(Name and phone number)

I understand that any additional insured added to the National Home Watch Association Insurance Program, aside from the NHWA, will be assessed a surcharge of \$250 per additional insured, with a maximum charge of \$1,000. This does not apply to the naming of certificate holders, which are unlimited and at no cost to the program participant.

NAME OF BUSINESS (including parent and dba, if applicable):

By _____ By _____
Print Name Print Name

Signature Signature

Date _____ Date _____

NHWA INTELLECTUAL PROPERTY

As a member in good standing of the NHWA, you will have access to intellectual property of the NHWA. Data, findings, marketing materials, presentations, newsletters, photos, and conversations/discussions are the intellectual property of the NHWA and are not to be shared without express permission from the NHWA.

By signing here, you acknowledge that you have received this information and understand that the unauthorized sharing of NHWA intellectual property is strictly prohibited and could result in legal action, expulsion, and forfeiture of membership fees.

By _____ By _____
Print Name Print Name

Signature Signature

Date _____ Date _____

You will be sent the most up-to-date Accredited Member logo upon qualification. The logo will be supplied directly from the NHWA offices. Displaying any NHWA logo or making representation of being an Accredited Member of the NHWA prior to earning accreditation is strictly prohibited. The correct HTML link will be provided to you. Should you need any assistance, please call the NHWA at (843) 357-6660.

I hereby agree to display the proper NHWA logo in a prominent area on my website and link the logo to the NHWA website for the duration of my accreditation. _____

Initial Initial

You also agree to the following:

- To display the official definition of Home Watch on the home page of your website. "Home Watch is defined as the visual inspection of a home or property, looking for obvious issues."

Initial

Initial

- To give credit and attribute to the NHWA any borrowed intellectual property (e.g., FAQs, social media, etc.)

Initial

Initial

- Not to plagiarize the NHWA website or any other Home Watch website on your own website.

Initial

Initial

- To only display the NHWA Accredited Member logo on your vehicle if it is removable, e.g., decals, vinyl magnetic signs. (We will send you decals when you become accredited.)

Initial

Initial

- Should you choose to end your membership in the NHWA (or if your membership is terminated by the NHWA), **YOU WILL IMMEDIATELY REMOVE THE LOGO AND ANY MENTION OF THE NHWA FROM YOUR WEBSITE, PROMOTIONAL MATERIALS, AND VEHICLES.**

Initial

Initial

- You understand that you must remain a member of the NHWA in order to keep your designation as a Certified Home Watch Professional. In the event that you are no longer a member, **you will IMMEDIATELY remove any reference to the CHWP from your website and promotional materials.**

Initial

Initial

OTHER TERMS AND CONDITIONS

I AGREE TO ALL OF THE FOLLOWING TERMS AND CONDITIONS OF MEMBERSHIP IN THE NATIONAL HOME WATCH ASSOCIATION:

I hereby give permission to the NHWA to verify the documentation I have submitted, along with checking for any complaints against my company or myself.

Initial

Initial

I hereby agree that the content of my company's website and promotional material shall be truthful and honest, and that their content is subject to review by the NHWA.

Initial

Initial

I understand that the honesty and integrity of my business is paramount. As such, I understand that in the event of any criminal or unethical behavior on the part of any company principals or employees, membership will be reviewed immediately, and a determination will be made as to the future status of the company's inclusion in the NHWA.

Initial

Initial

I understand that this membership is non-transferrable. I will **IMMEDIATELY** notify the NHWA if there is a change in ownership and/or principals of my company, or of any change in contact information. _____
Initial Initial

I understand that this membership applies only to one location. Any additional locations are subject to an additional location fee. _____
Initial Initial

I understand that the NHWA will run a criminal background check on me, as well as on any other principal of my company. _____
Initial Initial

I understand that my membership renewal date will be **365 days from my JOIN date**, not from my company's accreditation date. _____
Initial Initial

I understand that the marketing or sales to NHWA members must be reviewed and approved by the Executive Director of the NHWA. The use of NHWA forums to market non-approved products or services is strictly prohibited and could result in revocation of membership. _____
Initial Initial

I understand that it is my responsibility as a member to respond to any surveys or requests for information from the NHWA. As a rule, these surveys and requests are anonymous. _____
Initial Initial

I understand that I must provide any and all required materials (i.e., licenses, certificates of insurance) in a timely manner, in order to achieve and maintain accreditation. Failure to do so can and will result in the removal of my listing on the NHWA website and temporary loss of accreditation. _____
Initial Initial

I understand that within 60 days of joining, I must attend a New Member Orientation (NMO). (You will be notified of upcoming NMOs.). _____
Initial Initial

I understand that membership in the National Home Watch Association affords me, as a member in good standing, access to intellectual property, proprietary information, training materials, and forms and documents for my immediate use. Because of this, the NHWA does not issue refunds. _____
Initial Initial

I WILL INFORM THE NHWA OF MY INTENT TO RENEW MY MEMBERSHIP WITHIN 45 DAYS OF MY EXPIRATION DATE. _____
Initial Initial

I have read, understand, and hereby agree to uphold and abide by the standards and ethics set forth by the National Home Watch Association (see attached Code of Ethics and Mission Statement).

By _____ By _____
Print Name Print Name

Signature Signature

Date _____ Date _____

PUBLICITY

For publicity purposes, please attach a bio of your company and the principal(s). You should include what prompted you to start your Home Watch business and some personal background information for each principal. Please submit a PROFESSIONAL-LOOKING HEAD SHOT. Picture guidelines: Head shot (from the chest up, or just your head and neck). Wear a company shirt or collared shirt. Pictures should be in .jpg or .png format and at least 1200 x 630 pixels. This photo will be used in newspapers and online and will be representing your company. If there is more than one principal, you can submit a group shot, but we recommend that you also submit individual head shots.

We will be sending out a press release to up to 10 of your local papers. **THIS IS NOT OPTIONAL.** Please provide the name of each local publication where we should send the press release, along with the **exact email address for submission of a press release or business announcement. (This is not an ad, so “classified@” or “ads@” would be incorrect.)** It is your responsibility to provide the NHWA with the proper contact information, including email. By not providing this, you are decreasing the chances of your publicity being published.

Name of local publication:

EXACT EMAIL ADDRESS AT PUBLICATION FOR PRESS RELEASE (not YOUR email address):

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PAYMENT

- PLEASE SEND ME AN INVOICE** for ACH (direct payment from my bank account). There are no additional fees for using this method.

- CHECK ENCLOSED** payable to the NHTA for my first annual dues in the amount of \$495.00, plus a one-time fee of \$50.00 per principal for a criminal background check.

- PAID VIA PAYPAL** – Go to www.nationalhomewatchassociation.org/paypal to make your payment.

- PLEASE CHARGE MY CREDIT CARD** for my first annual dues in the amount of \$495.00, plus a one-time fee of \$50.00 per principal for a criminal background check. **A 4% convenience fee** will be added for direct credit card charges.

Visa **MasterCard** **American Express**

NAME EXACTLY AS IT APPEARS ON
CREDIT CARD

Account Number

Signature

Expiration Date ____/____/____ CVV Code: _____

BILLING ADDRESS ON FILE WITH
CREDIT CARD COMPANY:

National Home Watch Association Code of Ethics

- Always look out for the client's best interest.
- Always protect the best interests of the Home Watch Industry.
- Always maintain proper insurance and bonding.
- Always maintain current business licenses.
- Always look to improve on existing industry standards.
- Always be diligent when checking the references of anyone or any company that you agree to do business with.
- Always think twice before speaking about competitors.
- Always use honesty and integrity in your business dealings.

National Home Watch Association Mission Statement

It is the mission and goal of the National Home Watch Association to establish and maintain the highest set of standards and ethics for all Home Watch companies in the United States of America and Canada;

To establish and maintain trust and confidence between homeowners and Home Watch professionals;

To protect the public from uninsured, unbonded and unethical individuals who represent themselves as Home Watch professionals;

To promote public awareness of the Home Watch industry; and

To ensure that only companies who represent the highest levels of professionalism are accredited as members of the National Home Watch Association.