



INDEPENDENT POOL AND SPA SERVICE ASSOCIATION, INC.

MEMBERSHIP APPLICATION

(Rev.11-6-08)

Name	Company Name
Home Address	City/State/Zip
Company Address	City/State/Zip
Home Telephone	Business Telephone
Fax	Mobile Telephone
E-mail	Date of Birth

Are you a self-employed independent pool and/or spa technician and not an employee of any other pool and/or spa technician or company? Yes No

Do you derive more than 50 percent of your business income from pool and/or spa maintenance and/or repair? Yes No

Number of years in pool service/repair business _____ Number of pools on service _____

Number of employees _____ Number of subcontractors _____

Previous Employer	
Address	City/State/Zip
Telephone	Length of employment

If covered with temporary insurance, indicate the date your insurance lapses _____

Have you been a member of any pool association in the past? Yes No

If yes, which one? _____ Date Joined _____

Do you wish to sign up for automatic draft? Yes No. (If yes, you will need to complete the ACH form.)

Please list any professional affiliations _____

Technical certifications/training classes _____

Date passed IPSSA Water Chemistry Certification Exam _____

Contractor's License Number _____ Classification of License _____

Business License Number _____ What City/County? _____

I declare that the above is true and correct. I agree to comply with IPSSA bylaws, standing rules and policies and procedures. I understand that liability insurance must be carried for all employees and that all subcontractors must carry a minimum of \$500,000 in liability insurance. Furthermore, I agree to submit to binding arbitration in all grievances with IPSSA.

Membership and insurance coverage go into effect the first of the month after the IPSSA Financial Office receives the membership application from the IPSSA chapter and verifies that all membership requirements have been met.

Signature _____ Date _____

For Chapter Use Only:

Chapter		Date Application Received by Chapter		
Date Attended Required Meetings:	First	Second	Third	
Sponsored by:				
Authorized by:		Print Name		
Chapter Title		Date		

White copy (original): Mail to IPSSA Management Co.
P.O. Box 1617
Rocklin CA 95677-7617

Telephone 888-391-6012 • Fax 888-391-6203

Yellow copy: For chapter file
Pink copy: For member

For IPSSA Management Company Use Only:

Processed by	Date Received	Start Date	Account #	First Mo.	Second Mo.	Member Type