INDEPENDENT POOL AND SPA SERVICE ASSOCIATION, INC.

# EMPLOYEE MEMBERSHIP APPLICATION

(Rev. 2/2/09)

| Application Date | Insurance Required Date |
|---|---|

| EMPLOYER INFORMATION | |
|---|---|
| Name | Account Number |
| Company Name | |
| Company Address | City/State/Zip |
| Date of Birth | Business Telephone |
| Fax | Mobile Telephone |
| E-mail | |
| Is current employee being dropped? ❒ Yes ❒ No If yes, name and account number of employee being dropped: | |
| Name | Account Number |

| EMPLOYEE INFORMATION | |
|---|---|
| Name | |
| Date of Birth | |
| Previous Employer | |
| Address | City/State/Zip |
| Telephone | Length of employment |

| Describe any lawsuits or insurance claims filed against you in the past five years in connection with pool/spa maintenance or repair: |
|---|
| |
| |

I declare that the above is true and correct. The undersigned hereby applies for membership in IPSSA as an Employee Member, subject to the bylaws, standing rules and other policy statements of IPSSA governing such membership. The undersigned understands that only employees of Regular IPSSA Members may qualify to be Employee Members and only for so long as they remain employees of the Regular Member. Furthermore, the Employee Member must be sponsored by the Regular Member and must meet qualification requirements established by IPSSA. The undersigned acknowledges that IPSSA membership as an Employee Member is totally discretionary with IPSSA and may be revoked or terminated at any time. 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.

Employee Signature _____ Date _____

Employer Signature _____ Date _____

Return first two copies to a Chapter Board Member. Keep the third copy for your files.

**For Chapter Use Only:**

| Chapter | Start Date |
|---|---|
| Approved 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 employer

**For IPSSA Management Company Use Only:**

| Processed by | Date Received | Start Date | Account # | Owner ID# | First Mo. | Second Mo. | Member Type |
|---|---|---|---|---|---|---|---|
| | | | | | | | |