

## INDEPENDENT POOL & SPA SERVICE ASSOCIATION, INC.

PO BOX 254645 SACRAMENTO, CA 95865 888-360-9505 888-368-0432 (FAX) memberservices@ipssa.com

IPSSA: Knowledge through Community, Education & Support

## **MEMBERSHIP APPLICATION**

(Rev. 1/2022)

NAME			COMPANY NAME						
HOME ADDRESS			COMPANY ADDRESS						
HOME CITY/STATE/ZIP			COMPANY CITY/STATE/ZIP						
HOME TELEPHONE			BUSINESS TELEPHONE						
MOBILE TELEPHONE			FAX NUMBER						
EMAIL ADDRESS			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% of your business income from pool and/or spa maintenance and/or repair:									
Yes	No								
Number of years in pool service/ repair business			If you are covered with temporary insurance, indicate the date your insurance lapses						
Have you been an IPSSA member before and are rejoining?			yes, please list the chapter						

As a new member you have up to one year to take these courses and show proof and provide proof by sending to info@ipssa.com. The courses listed are acceptable as a membership requirement. Please verify with your chapter president on which courses are allowed.

IPSSA Water Chemistry Exam PPSO - Professional Pool & Spa Operator PCCR - Pool Chemistry Certified-Residential

CPO - Certified Pool Operator LA County Health Department License Florida Registered/Certified Contractor Pool &

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		Spai	Exam				
Insurance Requi	rement						
I want the business lia coverages.)	bility insurance p	lan and life insurance offere	d by Arrow Insurance Se	rvice (payments will	be made directly to A	Arrow Insurance for these	<b>;</b>
YES	NO						
		my membership will neements, and (b) the ce					
Insurer				Policy Number	r		
Contact Name at	Insurer			Telephone			
the liability insurar	nce must be d	and correct. I agree to carried for all employee e to submit to binding a	es and that all subco	ontractors must d	carry a minimum		
		e first of the month afte o requirements have be		ice receives the	membership app	olication from the IP	SSA chapter
		payments automatical x it to: 888-368-0432.	lly debited from you	bank account c	or credit card? If y	ves, complete and s	end the
Yes	No						
SIGNATURE						DATE	
For Chapter Use	Only:	Chapter				Date application re	ceived
Sponsored by			Au	thorized by (sigr	nature)		
Print Name			Chapter Title				Date
For IPSSA Inc. Use O	only: Processse	d Start Date	_ Account #	First Moth	Secnod Month		