



INDEPENDENT POOL & SPA SERVICE ASSOCIATION, INC.

IPSSA: Knowledge through Community, Education & Support

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

ASSOCIATE MEMBERSHIP APPLICATION

(Rev. 1/2022)

Company _____ Web Site _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____
Principal Contact _____ Email _____
Alternate Contact _____ Email _____
Referred By _____
Membership Level Applying: Regular Silver Gold Platinum Titanium

Has your company been a member of IPSSA prior to this application Yes No If yes, what year

Describe your company's primary activity in the pool and spa industry: _____

Does your business require a business license? Yes (license number _____) No

Does your business require a state contractor's license? Yes (license number _____) No

Does your business require a real estate license? Yes (license number _____) No

How long has your company been in business? _____ How long in the pool and spa industry? _____

If there are other locations for your business, please list them below:

Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____
Contact _____ Email _____

If you are a member of other pool associations (now or previously), please list them: _____

Please list two trade references (required):

Company _____ Contact _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____

Company _____ Contact _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____

The undersigned understands and agrees to the following conditions of IPSSA associate membership:

- The above information is true and complete.
- Admission to and continued membership in IPSSA are contingent on the BORD's approval.
- Must adhere to IPSSA policy on the use of its logo. If membership is terminated, the right to use IPSSA logo shall be terminated.
- Membership in the association is on a year-to-year basis.
- Enclosed is a check or credit card payment for the annual membership dues. In the event membership is denied, the applicant's check will be returned.
- Any current or prospective associate member in the business of contracting (including but not limited to altering, repairing, improving, or modifying real property) must provide a certificate of commercial general liability insurance as a condition of their associate membership with IPSSA, with a limit of not less than \$500,000.
- As an associate member, I understand that the purpose of IPSSA is to assist and educate its members who are independent pool service technicians. I agree to foster goodwill in the pool and spa industry and in general for the association and its members.
- I agree to accept communications from IPSSA via postal mail, email, facsimile or telephone.

Signature _____ Date _____

For IPSSA use only: Date Received _____ Date Approved _____ Start Date _____



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We accept payment by Visa, MasterCard or Discover

Company _____

Amount to be charged _____

Credit card number _____

Expires _____ CRV (3-digit code from back of card) _____

Name and billing address for card _____

Email address for receipt _____

**Please fax or email this form to IPSSA
at 888-368-0432 or michelle@ipssa.com**