



**INDEPENDENT  
POOL & SPA  
SERVICE ASSOCIATION, INC.**

EXECUTIVE OFFICE  
PO BOX 3367  
ROCKLIN, CA 95677  
888-360-9505  
888-368-0432 (FAX)  
info@ipssa.com  
www.ipssa.com

**ASSOCIATE MEMBERSHIP APPLICATION**

(Rev. 11/21/19)

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 for \$779 payable to IPSSA. 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

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 the IPSSA Executive Office at  
888-368-0432 or info@ipssa.com**