



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

AFFILIATE APPLICATION

Revised 1/2022

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

- Do you derive more than 50% of your business income from the pool and/or spa industry or in direct support thereof?
 Yes No
- Number of years in business _____
- Do you build or construct pools and/or spas? Yes No
- Have you been an IPSSA member before? Yes. I was a member of the _____ chapter No
- Contractor's License Number(s) _____ Classification of License(s) _____
- Business License Number _____ Issued By What City/County? _____

Please check one of the two following options:

- I want an affiliate membership (\$169 a year).
- I want an affiliate membership (\$169 a year) and the business liability insurance plan provided by Arrow Insurance Service (pricing and fees to be confirmed with Arrow based on application date). I understand my insurance will not take effect until an application has been approved by Arrow Insurance Service.

Current Insurer _____ Policy Number _____

Contact Person at Insurer _____ Telephone _____

- Insurance certificate is attached.
- Request the insurance certificate from my insurer.
- Insurance application is attached.

If you are requesting insurance, do you have employees? If so, please complete a membership application for each employee.

- I have employees I would like added to my insurance. Please list names: _____

I declare that the above is true and correct. I agree to comply with IPSSA bylaws, standing rules and policies and procedures. 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 IPSSA receives the affiliate application and an application has been approved by Arrow Insurance Service.

Do you wish to have your dues payments automatically debited from your bank account or credit card? Yes No

Questions? Please call IPSSA at 888-360-9505.

Signature _____ Date _____

For IPSSA Use Only:

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