



**Independent Pool & Spa Service
Association, Inc.**



**PO BOX 3367
ROCKLIN, CA 95677-7617
PHONE: 888-360-9505
FAX: 888-368-0432
MEMBERSERVICES@IPSSA.COM
WWW.IPSSA.COM**

MEMBERSHIP APPLICATION

(Rev. 5/2020)

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

Number
of pools
on service

If you are covered with temporary insurance, indicate the date
your insurance lapses

Have you been an IPSSA member before and are
rejoining?

If yes, please list the chapter



Fast Track Membership Qualification

IPSSA Water Chemistry Exam to be completed by:

Date passed IPSSA Water Chemistry Certification Exam

Contractor's License Number

Classification of License(s)

Business License Number

Issued by What City/County?

Insurance Requirement

I want the business liability insurance plan and life insurance offered by Arrow Insurance Service (payments will be made directly to Arrow Insurance for these coverages.)

YES NO

By signing below, I understand my membership will not take effect until the IPSSA Inc. office receives (a) a certificate of insurance that meets IPSSAs minimum requirements, and (b) the certificate names IPSSA as an additional insured and (c) insurer contact information is provided.

Insurer

Policy Number

Contact Name at Insurer

Telephone

I declare that the above is true and correct. I agree to comply with IPSSA bylaws, standing rules and policies and procedures. I understand the liability insurance must be carried for all employees and that all subcontractors must carry a minimum of \$1,000,000 in liability insurance. Furthermore, I agree to submit to binding arbitration in all grievances filed with IPSSA.

Membership goes into effect the first of the month after the IPSSA Inc. office receives the membership application from the IPSSA chapter and verifies that all membership requirements have been met.

Do you wish to have your dues payments automatically debited from your bank account or credit card? If yes, complete and send the automatic payment form and fax it to: 888-368-0432.

Yes No

SIGNATURE

DATE

For Chapter Use Only:

Chapter

Date application received

Date Attended Required Meetings.....First.....Second.....Third.....

Sponsored by

Authorized by (signature)

Print Name

Chapter Title

Date

For IPSSA Inc. Use Only: Processed _____ Start Date _____ Account # _____ First Moth _____ Secnod Month _____