



INDEPENDENT POOL & SPA SERVICE ASSOCIATION, INC.

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

TRANSFER OF CHAPTER MEMBERSHIP (Rev. 1/2022)

Date form submitted

Completed forms should be mailed to:

IPSSA, Inc.
PO Box 254645
Sacramento, CA 95865-4645
Or email to memberservices@ipssa.com

IPSSA MEMBER NAME

IPSSA Member Number

I certify this information is true and correct. I agree to comply with IPSSA bylaws, standing rules and policies and procedures. I understand that liability insurance must be carried for all employees and that all subcontractors must carry a minimum of \$500,000 in liability insurance. Furthermore, I agree to submit to binding arbitration in all grievances with IPSSA. **Note: The member's account must be paid in full before the transfer can be processed.**

Signature

Transfer from (Chapter Name)

Effective Date of Transfer

Approved by Chapter Officer (Name)

Chapter Officer Title

Signature of Chapter Officer

Date signed

Transfer to (Chapter Name)

Approved by Chapter Officer (Name)

Chapter Officer Title

Signature of Chapter Officer

Date signed

For IPSSA Use Only:

Processed by:

New Account #

Date