



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

IPSSA MANAGEMENT COMPANY
P.O. BOX 1617
ROCKLIN, CA 95677-7617
888-391-6012
888-391-6203 (FAX)
membership@ipssa.com
www.ipssa.com

MEMBERSHIP APPLICATION

(Rev. 6/17/11)

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

1. 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
2. Do you derive more than 50% of your business income from pool and/or spa maintenance and/or repair? Yes No
3. Number of years in pool service/repair business _____
4. Number of pools on service _____
5. Number of employees _____
6. Number of subcontractors _____
7. If you are covered with temporary insurance, indicate the date your insurance lapses _____
8. Have you been an IPSSA member before and are rejoining? Yes. I was a member of _____ chapter No
9. Date passed IPSSA Water Chemistry Certification Exam _____
10. Contractor's License Number(s) _____ Classification of License(s) _____
11. Business License Number _____ Issued By What City/County? _____

Please check one of the two following options:

- I want the business liability insurance plan and life insurance provided by Arrow Insurance Service.
- I do not want the Arrow Insurance plan. I understand my membership will not take effect until the IPSSA Management Company office receives A) a certificate of insurance that meets IPSSA's minimum requirements, and B) which names IPSSA as an additional insured, and C) insurer contact information is provided.
- Insurer _____ Policy Number _____
- Contact Person at Insurer _____ Telephone _____
- Insurance certificate is attached.
- Request the insurance certificate from my insurer.

I declare that the above 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 \$1,000,000 in liability insurance. 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 the IPSSA Financial Office receives the membership application from the IPSSA chapter and verifies that all membership requirements have been met.

If you wish to have your dues payments automatically debited from your bank account or credit card, contact the IPSSA Management Co. at 888-391-6012.

Signature _____ Date _____

For Chapter Use Only:

Chapter		Date Application Received by Chapter		
Date Attended Required Meetings:	First	Second	Third	
Sponsored by				
Authorized by		Print Name		
Chapter Title		Date		

White copy (original): Mail to: IPSSA Management Co. P.O. Box 1617 Rocklin CA 95677
 Yellow copy: For chapter file
 Pink copy: For member

For IPSSA Management Company Use Only:

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