



# MEMBERSHIP APPLICATION

(Rev.9-6-07)

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

Number of years in pool service/repair business \_\_\_\_\_ Number of pools on service \_\_\_\_\_  
 Number of employees \_\_\_\_\_ Number of subcontractors \_\_\_\_\_

Previous Employer	
Address	City/State/Zip
Telephone	Length of employment

If covered with temporary insurance, indicate the date your insurance lapses \_\_\_\_\_  
 Have you been a member of any pool association in the past?  Yes  No  
 If yes, which one? \_\_\_\_\_ Date Joined \_\_\_\_\_  
 Do you wish to sign up for automatic draft?  Yes  No. (If yes, you will need to complete the ACH form.)  
 Please list any professional affiliations \_\_\_\_\_

Technical certifications/training classes \_\_\_\_\_  
 \_\_\_\_\_

Date passed IPSSA Water Chemistry Certification Exam \_\_\_\_\_

Contractor's License Number \_\_\_\_\_ Classification of License \_\_\_\_\_  
 Business License Number \_\_\_\_\_ What City/County? \_\_\_\_\_

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 \$500,000 in liability insurance. Furthermore, I agree to submit to binding arbitration in all grievances with IPSSA.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Chapter Use Only:**

Chapter	Application Date		Start Date
Meetings Required:	First	Second	Third
Sponsored by:			
Approved by:		Print Name	
Chapter Title		Date	

White copy (original): Mail to IPSSA Management Co.  
 7405 Greenback Lane #204  
 Citrus Heights CA 95610-5603

Telephone 888-391-6012 • Fax 888-391-6203

Yellow copy: For chapter file  
 Pink copy: For member

**For IPSSA Management Company Use Only:**

Processed by	Date	Account #	Benevolent Fund	First Mo.	Second Mo.	Member Type