



EMPLOYEE MEMBERSHIP APPLICATION

(Rev. 5/7/08)

Application Date	Insurance Required Date
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EMPLOYER INFORMATION

Name	Account Number
Company Name	
Company Address	City/State/Zip
Date of Birth	Business Telephone
Fax	Mobile Telephone
E-mail	
Is current employee being dropped? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name and account number of employee being dropped:	
Name	Account Number

EMPLOYEE INFORMATION

Name	
Date of Birth	
Previous Employer	
Address	City/State/Zip
Telephone	Length of employment

Describe any lawsuits or insurance claims filed against you in the past five years in connection with pool/spa maintenance or repair:

I declare that the above is true and correct. The undersigned hereby applies for membership in IPSSA as an Employee Member, subject to the bylaws, standing rules and other policy statements of IPSSA governing such membership. The undersigned understands that only employees of Regular IPSSA Members may qualify to be Employee Members and only for so long as they remain employees of the Regular Member. Furthermore, the Employee Member must be sponsored by the Regular Member and must meet qualification requirements established by IPSSA. The undersigned acknowledges that IPSSA membership as an Employee Member is totally discretionary with IPSSA and may be revoked or terminated at any time. Furthermore, I agree to submit to binding arbitration in all grievances with IPSSA.

Employee Signature _____ Date _____

Employer Signature _____ Date _____

Return first two copies to a Chapter Board Member. Keep the third copy for your files.

For Chapter Use Only:

Chapter	Start Date
Approved by:	Print Name
Chapter Title	Date

White copy (original): Mail to IPSSA Management Co.
P.O. Box 1617
Rocklin CA 95677-7617

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

Yellow copy: For chapter file
Pink copy: For employer

For IPSSA Management Company Use Only:

Processed by	Date	Account #	Owner ID#	First Mo.	Second Mo.	Member Type