

BLUE CARD - SAN DIEGO IPSSA (Fill form completely) Date: _____

Name: _____ Spouse: _____ H.Phone:() _____

H. Address: _____ City: _____ Zip: _____

Company Name: _____ E-Mail: _____

B. Address: _____ City: _____ Zip: _____

B.Phone:() _____ Pager:() _____ Cellular:() _____

CIRCLE ZIP CODES THAT YOU SERVICE (Mail cards to Chapter PO Box or give to Paul Grimes)

<u>NORTH CITY</u>	<u>METRO NORTH</u>	<u>METRO SOUTH</u>	<u>SOUTH BAY</u>	<u>EASTCOUNTY</u>
92007 - Cardiff	92037 - La Jolla	92101 - Downtown	91902 - Bonita	91901 - Alpine
92014 - Del Mar	92108 - Mission Valley	92102 - Golden Hill	91910 - Chula Vista	91935 - Jamul
92024 - Encinitas	92109 - Pacific Beach	92103 - Hilerst/MsnHl	91911 - Chula Vista	91941 - La Mesa
92064 - Poway	92111 - Clairemont	92104 - North Park	91913 - Chula Vista	91942 - La Mesa
92067 - Rancho S Fe	92117 - Clairemont	92105 - City Heights	91914 - Eastlake	91945 - Lemon Grove
92075 - Solana Beach	92119 - San Carlos	92106 - Pt. Loma	91915 - Eastlake	91977 - Spring Valley
92091 - Morgan Run	92120 - Grantville	92107 - Ocean Bch/PL	91932 - Imperial Bch	91978 - Rancho SD
92121 - Sorrento Valey	92122 - Univ. City	92110 - Midway/O.T.	91950 - National City	92019 - El Cajon
92126 - Mira Mesa	92123 - Mission Village	92113 - Logan Heights	92118 - Coronado	92020 - El Cajon
92127 - Rancho Berndo	92124 - Tierrasanta	92114 - Encanto	92154 - Otay Mesa	92021 - El Cajon
92128 - Rancho Berndo		92115 - Rolando	92173 - San Ysidro	92040 - Lakeside
92129 - Penasquitos		92116 - Normal Hgths		92071 - Santee
92130 - Carmel Valley		92139 - Paradise Hills		
92131 - Scripps Ranch	poolservicepros.com listings are by your Zip codes.		DO NOT list me for referrals on www.poolservicepros.com	

I, the undersigned, waive any and all claims against IPSSA, Inc, IPSSA Management Company, IPSSA Chapters and/or its individual members, arising out of my participation in the IPSSA Sick Leave Program, including, but not limited to claims for lost income resulting from improper maintenance performed by IPSSA members. I have read and understand the standing rules for the Sick Leave Program and agree to participate in that program.

SIGNATURE REQUIRED _____ **DATE** _____

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