



**Independent Pool & Spa Service  
Association, Inc.**



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MEMBERSERVICES@IPSSA.COM  
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## **EMPLOYEE MEMBERSHIP APPLICATION**

**(Rev. 2/2020)**

### **EMPLOYER INFORMATION**

NAME

Account Number

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If there have been changes to your company information, please fill in the information below:

COMPANY NAME

COMPANY ADDRESS

COMPANY CITY/STATE/ZIP

BUSINESS TELEPHONE

MOBILE TELEPHONE

EMAIL

FAX NUMBER

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Is the current employee being dropped?

Yes

No

If yes, name and account number of employee being dropped

### **NEW EMPLOYEE INFORMATION**

Name

Date of Birth

Name

Date of Birth

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

*By signing below, I understand the employee membership will not take effect until the IPSSA Inc. office receives (a) a certificate of insurance that meets IPSSA's minimum requirements, and (b) the certificate names IPSSA as an additional insured and (c) insurer contact information is provided.*

I want the business liability insurance plan and life insurance provided by Arrow Insurance for my employee (payments for insurance will be made directly to Arrow Insurance).

YES NO

I want the half rate life insurance for my employee.

YES NO

Insurer

Policy Number

Contact Name at Insurer

Telephone

Insurance certificate is attached

Yes

No, it has been requested from my insurer

*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 Members who have met all chapter requirements shall become effective on the first day of the month the requirements are met so long as the membership documents are received by the IPSSA Inc. office by the 15th of the month.*

EMPLOYEE SIGNATURE

DATE

EMPLOYEE SIGNATURE

DATE

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**For Chapter Use Only:**

Chapter

Start Date

Approved by (signature)

Print name

Chapter Title

Date

**For IPSSA Use Only:**

Processed.....Start Date.....Account #.....Owner ID# .....First Month.....Second Month.....Member type