



# DISTRIBUTOR/WHOLESALE MEMBERSHIP APPLICATION

Company Name \_\_\_\_\_

(The official representative, to whom all correspondence will be addressed, is required to be a General Manager or Officer of the firm.)

Name of Official Representative \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Toll-Free \_\_\_\_\_ URL/Web Address \_\_\_\_\_

Company e-mail\* \_\_\_\_\_ Personal e-mail \_\_\_\_\_

Company fax\* \_\_\_\_\_ Date company was established \_\_\_\_\_

\*E-mail and fax will be used for ISSA Membership Directory purposes.

I understand that by providing my fax number, e-mail addresses, and signature, I consent to receive all fax and e-mail communications sent by or on behalf of ISSA, the ISSA Foundation, and all ISSA partner affinity program providers.

CODE OF ETHICS ACKNOWLEDGEMENT: The Applicant hereby certifies that it has reviewed ISSA's Code of Ethics and all applicable agreements online at [www.issa.com/code](http://www.issa.com/code) and is in compliance therewith. The Applicant further agrees that it will remain in compliance as a condition for continued ISSA membership. All statements made by me and contained herein are true.

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

Please describe your reasons for joining ISSA. \_\_\_\_\_

Please describe what you expect to receive as a result of your membership. \_\_\_\_\_

Applicant referred by: Name \_\_\_\_\_ Company \_\_\_\_\_

**Please list key personnel:**

Owner \_\_\_\_\_ E-mail \_\_\_\_\_

General Mgr./CEO \_\_\_\_\_ E-mail \_\_\_\_\_

Marketing Dir. \_\_\_\_\_ E-mail \_\_\_\_\_

• Marketing Professional \_\_\_\_\_ E-mail \_\_\_\_\_

Sales Dir. \_\_\_\_\_ E-mail \_\_\_\_\_

• Sales Professional \_\_\_\_\_ E-mail \_\_\_\_\_

HR Training Mgr. \_\_\_\_\_ E-mail \_\_\_\_\_

Regulatory Mgr./Dir. \_\_\_\_\_ E-mail \_\_\_\_\_

Administrative Contact\* \_\_\_\_\_ E-mail \_\_\_\_\_

\*Person responsible for updating corporate profile changes



**ISSA BRANCHES/AFFILIATES**

Keep your key employees current on issues impacting our industry! Branch memberships and affiliate mailing subscriptions put information into the hands of your team when they need it. Sign up below for complimentary and/or purchased branch memberships and affiliate mailing subscriptions. Purchased branches and affiliate subscriptions are available at the indicated rate.

**Branch Membership** is available to all member companies for facilities geographically separated from the official member location. This membership carries all privileges and responsibilities of active membership, except the right to vote or hold office.

**U.S./Canada: \$165      International: \$300**

**Affiliate Mailing Subscription** is open per employee located in a facility of an ISSA member company. This personal subscription service entitles one to association mailings, the ISSA Membership Directory, etc.

**U.S./Canada: \$165      International: \$300**

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
Company \_\_\_\_\_  
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**Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Photocopy for additional branches and affiliate subscriptions.  
By providing fax numbers and e-mail address(es) we consent to receive all fax and e-mail communications sent by or on behalf of ISSA, the ISSA Foundation, and all ISSA partner affinity program providers.

