



# IN-HOUSE SERVICE PROVIDER 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 \_\_\_\_\_

E-mail\* \_\_\_\_\_ Fax #: \_\_\_\_\_

\*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. \_\_\_\_\_

### Primary Market Segment:

- Commercial     Educational     Governmental     Healthcare     Hospitality/Public Venues
- Industrial     Residential     Retail     Transportation     Other \_\_\_\_\_

### Please list key personnel:

Name	Title	E-mail
_____	_____	_____
_____	_____	_____
_____	_____	_____

**BUSINESS REFERENCES:** Two business references (i.e. supplier, customer, or peer) are required for consideration of your application for membership. ISSA reserves the right to check all references, to consult with ISSA members, and/or to accept or deny membership based on the aforementioned. Furthermore, ISSA reserves the right to revoke membership at any time at the association's sole discretion. (Please include company name, address, phone, and contact person.)

1. \_\_\_\_\_
2. \_\_\_\_\_

