



# IN-HOUSE SERVICE PROVIDER MEMBERSHIP APPLICATION

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

Name of Primary Contact \_\_\_\_\_ E-mail \_\_\_\_\_

Title \_\_\_\_\_

Note: The Primary Contact is the person who will be the recipient of information from ISSA.

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

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

Company E-mail\* \_\_\_\_\_ Company Fax\* \_\_\_\_\_

\*E-mail and fax will be used in the ISSA Membership Directory.

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

## CONTACTS

List key employees to receive access to the online Members' Lounge.\*

(\*Members' Lounge is an area exclusive to ISSA members to research, network, and educate themselves on the cleaning industry.)

Trade Show Contact \_\_\_\_\_ E-mail \_\_\_\_\_

Title \_\_\_\_\_

Education/Training Contact \_\_\_\_\_ E-mail \_\_\_\_\_

Title \_\_\_\_\_

Legislative/Regulatory Contact \_\_\_\_\_ E-mail \_\_\_\_\_

Title \_\_\_\_\_

Young Executive Society (YES) Contact \_\_\_\_\_ E-mail \_\_\_\_\_

Title \_\_\_\_\_

Standards/Certification Contact \_\_\_\_\_ E-mail \_\_\_\_\_

Title \_\_\_\_\_

Why did you join ISSA? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

What do you want to receive as a result of your membership? \_\_\_\_\_

### Primary Market Segment:

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

I consent to receive all unsolicited communications sent by or on behalf of ISSA, the ISSA Foundation, and all ISSA 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 \_\_\_\_\_

