



MEMBERSHIP APPLICATION

Join Now

Company Name _____

Name of Primary Contact

Mr. Mrs. Ms. First Name: _____ Surname _____

Title _____ E-mail _____

Note: The person who will be the primary recipient of information from ISSA.

Note: This area to be completed by Manufacturer, Distributor and BSC members only.

Name of Official Representative

Mr. Mrs. Ms. First Name: _____ Surname _____

Title: Check one. Must be: _____ E-mail _____

Owner or Partner CEO/COO or President General Manager Vice President/Officer Most Senior Manager for Jansan Industry

Note: The only purposes of the Official Representative are to vote and hold office. No other mailings will go to the Official Representative.

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 _____

Please describe your reasons for joining ISSA. _____

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

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 in the cleaning industry)

Tradeshow Contact _____ E-mail _____

Title _____

Education/Training Contact _____ E-mail _____

Title _____

Legislative/Regulatory Contact _____ E-mail _____

Title _____

Standards/Certification Contact _____ E-mail _____

Title _____

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 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 _____

