

FSPA Florida Swimming Pool Association

Annual Membership Application

2555 Porter Lake Drive, Suite 106 • Sarasota, FL 34240 • Ph: (941) 952-9293 • Toll-free: (866) 930-FSPA • Fax: (941) 366-7433
 E-mail: Membership@FloridaPoolPro.com • www.FloridaPoolPro.com

(Please print clearly)

Company Name: _____

Contact Name: _____

Mail Address: _____

City: _____ State: _____ Zip Code: _____

County of primary business activity: _____ Web site: _____

Telephone: (____) _____ Fax: (____) _____ E-Mail: _____

Important Notice: Dues payments to the Florida Swimming Pool Association are not tax deductible as charitable contributions for federal income tax purposes. However, dues payments may be deductible as ordinary and necessary business expense, subject to any exclusion for lobbying activity. Because a portion of your dues is used for lobbying, 58% of the total FSPA dues is not deductible for income tax purposes.

Membership Categories, Dues & Membership Fees Schedule, Membership Criteria and Code of Ethics on reverse side

- Check yes or no:
 - Has company or individual applying been in business at least 1 year? Yes No
 If "no", please contact the FSPA office for a provisional membership application.
 - Does company have any unresolved consumer complaints? (If "yes", describe each and attach to this form) Yes No
 - Has company or any of its principals been found guilty of any criminal offense within the last three years (excluding traffic offenses)? Yes No
 If "yes", provide date and nature of conviction _____
 - Has company or its principals ever used the FSPA logo in violation of FSPA bylaws? Yes No
 If "yes", provide brief explanation: _____
 - Has company previously been a member of the Florida Swimming Pool Association? Yes No
 Where / When: _____

- If Company engages in any work requiring State Contractor Certification or State Registration, provide the name and licensee number.
 - Qualifier Name : _____
 - State Certified / Registered Contractor's License Number:

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- Business Tax #: _____ Attached Copy of Certificate of Insurance / Workers' Comp Exemption
(Occupational License)
- List any FSPA references (Company + Contact): _____
- Please indicate all types of work done by your company (check all that apply):

<input type="checkbox"/> Pool / Spa Builder / Installer	<input type="checkbox"/> Pool / Spa Service (Full Service Including Repair / Refinishing / Equipment Servicing)	<input type="checkbox"/> Pool / Spa Service (Pool Cleaning / Water Treatment)
<input type="checkbox"/> Building / Health / Licensing Official	<input type="checkbox"/> Landscape Architect	<input type="checkbox"/> Sub Contractor - type of work: _____
<input type="checkbox"/> Consultant - type: _____	<input type="checkbox"/> Retail Store	<input type="checkbox"/> Other: _____

• **Who recruited you to join FSPA? (include name & company)** _____

We hereby make application for a one year membership in the Florida Swimming Pool Association and the appropriate Chapter. By my signature, we agree to abide by the Code of Ethics, criteria for membership (printed on reverse side) and the Bylaws. We understand that the logo and name may be used only by members after approval of membership. SIGNATURE: _____

Membership Category: _____ Dues/Fees Amount: \$ _____ /yr. /qtr. /mo. MSDS \$85 Check # _____
(see list on reverse)

Credit Card # _____ Card Expiration Date (month / year): ____ / ____

Card Signature: _____ Date: ____ / ____ / ____ ZIP code: _____
 I authorize the FSPA to charge my credit card as indicated on this form.

Please check here if you do not wish to receive faxes or e-mails regarding FSPA activities, events or member benefit programs.
(Benefit program information may come from an affiliated third party.)

Chapter Use: Bd App'd: ____ / ____ / ____ Approved by Chapter (Authorized Signature): _____

FSPA Office Use:
 Date Rec'd: _____ ID:

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 PW:

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 JD:

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 MP ____
 CP ____
 Cat: _____ MYr: _____ FPP ____ / ____ Chapter: _____ To Chapter: ____ / ____ / ____ Web ____

Membership Categories

Dues & Membership Fees (choose a payment option):

	Annually	Quarterly*	Monthly*
Builder / Installer (Licensed Pool / Spa Contracting Company)			
B1-01 Annual sales volume less than \$5,000,000 or builds fewer than 150 pools	<input type="checkbox"/> \$750	<input type="checkbox"/> \$194.50	<input type="checkbox"/> \$65
B1-02 Annual sales volume \$5,000,000 or more or builds more than 150 pools	<input type="checkbox"/> \$950	<input type="checkbox"/> \$246	<input type="checkbox"/> \$82
Retail Store			
RS-01 Annual sales volume less than \$5,000,000	<input type="checkbox"/> \$750	<input type="checkbox"/> \$194.50	<input type="checkbox"/> \$65
RS-02 Annual sales volume \$5,000,000 or more	<input type="checkbox"/> \$950	<input type="checkbox"/> \$246	<input type="checkbox"/> \$82
Service Company			
S-01 Family members only (\$200,000 and under)	<input type="checkbox"/> \$350	<input type="checkbox"/> \$ 91.50	N/A
S-02 Small company — 3 or fewer employees	<input type="checkbox"/> \$500	<input type="checkbox"/> \$130	N/A
S-03 Medium company — less than \$5,000,000 in sales volume	<input type="checkbox"/> \$750	<input type="checkbox"/> \$194.50	<input type="checkbox"/> \$65
S-04 Annual sales volume \$5,000,000 or more	<input type="checkbox"/> \$950	<input type="checkbox"/> \$246	<input type="checkbox"/> \$82
Subcontractor / Other firms dealing only with builders			
SC-01 Annual sales volume \$0 to \$999,999	<input type="checkbox"/> \$375	<input type="checkbox"/> \$ 98	N/A
SC-02 Annual sales volume \$1,000,000 to \$4,999,999	<input type="checkbox"/> \$750	<input type="checkbox"/> \$194.50	<input type="checkbox"/> \$65
SC-03 Annual sales volume \$5,000,000 or more	<input type="checkbox"/> \$950	<input type="checkbox"/> \$246	<input type="checkbox"/> \$82
Manufacturer/ Distributor			
MD-01 Annual sales volume \$0 to \$499,999	<input type="checkbox"/> \$950	<input type="checkbox"/> \$246	<input type="checkbox"/> \$82
MD-02 Annual sales volume \$500,000 - \$1,999,999	<input type="checkbox"/> \$1,800	<input type="checkbox"/> \$464	<input type="checkbox"/> \$155
MD-03 Annual sales volume \$2,000,000 or more	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$645	<input type="checkbox"/> \$215
MA-01 A firm or individual that represents a variety of manufacturers	<input type="checkbox"/> \$600	<input type="checkbox"/> \$155	<input type="checkbox"/> \$52
Other firm dealing with industry members and consumers (i.e.: advertising, insurance, realtor, bank, trade education, consultant, architect, leak detection, engineering, etc.)			
Q-01 Annual sales volume \$0 to \$999,999	<input type="checkbox"/> \$350	<input type="checkbox"/> \$ 91.50	N/A
Q-02 Annual sales volume \$1,000,000 to \$4,999,999	<input type="checkbox"/> \$750	<input type="checkbox"/> \$194.50	<input type="checkbox"/> \$65
Q-03 Annual sales volume \$5,000,000 or more	<input type="checkbox"/> \$950	<input type="checkbox"/> \$246	<input type="checkbox"/> \$82
Multiple memberships / Other categories			
___-06 Additional Chapter memberships (fee per additional Chapter) (First company membership is at full price per above schedule)	<input type="checkbox"/> \$300	N/A	N/A
G-01 Associate Member (Nonprofit, governmental official, academic institution)	<input type="checkbox"/> \$150	N/A	N/A
R-01 Retired (Former member of the industry)	<input type="checkbox"/> \$100	N/A	N/A

- Yes, add \$85 to my first dues payment to sign me up for a year of the "MSDS (Material Safety Data Sheets) Expert Assistance Program". This program meets all OSHA and DOT requirements for chemicals used in your company and provides guidance on Haz Mat issues.

Rates reflect annual dues and membership fees approved by the FSPA Board of Directors.

*Monthly & quarterly payments include a convenience charge and a credit card must be provided. Charges will be drawn to the credit card on the first business day of each month. If the monthly payment option is selected, multiple months may be charged to the credit card in the first month so that the 12th debit takes place no later than the first day of the 12th month of membership. If the quarterly payment option is selected multiple quarters may be charged to the credit card so that the 4th quarter debit takes place no later than the first day of the 10th month of membership.

Criteria for Membership

The applicant's business activities must include those products or services used in the swimming pool and spa industry.

The applicant's membership must be with the Chapter where the applicant's principal office or place of business is geographically located, unless otherwise agreed to with another Chapter and the approval of FSPA.

The applicant shall have tendered the appropriate amount in payment for dues.

The individual making the application shall have been in business for a period of at least one year. For those in their first year of business, a provisional membership application is available.

The applicant shall hold all necessary and relevant state and local licenses and permits.

The applicant's business is conducted in a manner which leads to the satisfactory resolution of all significant and meritorious consumer complaints made to FSPA or a Chapter thereof, a Better Business Bureau or governmental authority.

The applicant's business is conducted in a financially responsible manner such that neither the business nor its principals shall have been adjudged guilty by a court of competent jurisdiction during the past three years of any felony or misdemeanor involving business or financial practices.

Neither the applicant nor its principals shall have misused the FSPA logo during the past two years unless the applicant shall pay proper dues for the year(s) of misuse or make other settlement with FSPA.

The applicant agrees to abide by the Association's Code of Ethics.

To find your nearest Chapter call (866) 930-FSPA

FSPA Code of Ethics

Believing that honesty and integrity, high ideals and concern for the welfare of the pool industry and the public we serve are both desirable and necessary, and in a sincere effort to promote the mission of the Association, members of the FSPA pledge themselves to:

- * Keep honesty as our guiding business policy.
- * Comply with the spirit and letter of business contracts, existing laws and codes, and manage employees, subcontractors and suppliers with fairness and honor.
- * Provide fair and expeditious response to claims covered under warranty.
- * Work for the benefit of the consumer through the use of quality materials and construction practices backed by integrity and service.
- * Keep informed regarding public policies and other essential information which may affect our business interests and those of the pool industry as a whole by attending the minimum number of association meetings as prescribed by my local Chapter.
- * Promote the concepts of free enterprise and service to the public and the industry.
- * Make all advertising and sales promotion factually accurate, use only competent testimonials, avoid those practices which tend to mislead or deceive the customer, and refrain from false or misleading criticism of competitors.
- * Support and abide by the decisions of the Association in promoting and enforcing this Code of Ethics and cooperate with any investigation related to such enforcement.