

SPECIAL INVITATION (THE DEAL) MEMBERSHIP APPLICATION

Company Name							
Name of Primary Contact							
Mr. Mrs. Ms. First Name:		Surname					
	E-mail he primary recipient of information from ISSA.						
Note: This area to be completed by M	anufacturer, Distributor and BSC	C members only.					
Name of Official Representative	(Surpama					
Title: Check one. Must be:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Surname E-mail					
Owner or Partner CEO/COO or Pres	sident 🗌 General Manager 🗌 Vice I	President/Officer 🗌 Most Senior Manager for Jansan Industry					
Note: The only purposes of the Official Reg	presentative are to vote and hold of	fice. No other mailings will go to the Official Representative.					
	City						
State/Province	City Postal Code	Country					
		000000 y					
Shipping Address	City	Country					
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 rec	eive as a result of your membersh	nip					
CONTACTS							
List key employees to receive acc	ess to the online Members' L	ounge.*					
(*Members lounge is an area exclusive to ISSA members to) research, network, and educate themselves in th	ne cleaning industry)					
Tradeshow Contact		E-mail					
 Title							
		E-mail					
Title							
		E-mail					
		E-mail					
Title							
I understand that by providing my fax numb behalf of ISSA, the ISSA Foundation, and all		esent to receive all fax and e-mail communications sent by or on					
	herewith. The Applicant further agrees th	viewed ISSA's Code of Ethics and all applicable agreements online nat it will remain in compliance as a condition for continued ISSA					
Signature Required		Date					
	ISSA • 3300 Dundee Poad Northbrog						

MEMBERSHIP CLASSIFICATIONS (Check one only.)

Distributor membership shall be open to those firms that occupy a place of business, a principal purpose of which is the sale of cleaning and maintenance products to commercial, industrial, or institutional end users. The primary source of these products shall be the distributor's warehouse inventory, which in turn is derived from several manufacturers.

Wholesaler membership shall be open to those firms that occupy a place of business, a principal purpose of which is the sale of cleaning and maintenance products from several manufacturers to distributor members primarily from the firm's warehouse inventory. No sales shall be made to industrial/institutional end users.

Building Service Contractor (BSC) shall be open to those firms that occupy a place of business, a principal purpose of which is the sale of cleaning and maintenance services to others.

In-House Service Provider membership shall be open to those firms that provide cleaning and maintenance services for themselves. Corporate or individual memberships are available.

Associate membership shall be open to firms that offer services to any class of members, as well as buying and/or selling groups or associations. It shall also be open to firms that sell products primarily for the manufacturing process.

COMPANY DESCRIPTION (Please provide the following information that may be used for the ISSA Membership Directory.)

Provide general company description; the description should not include specific manufacturer names for the product lines sold.

BUSINESS REFERENCES (Two business references are required. Please include company name, address, phone, and contact person.)

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MEMBERSHIP DUES RATE SCHED	ULE (Check one only.)						
 In-House Service Provider Corp Distributor 	porate US \$390 US \$570		Building	Service Contract	or (BSC)	US \$490 -\$290 US \$570 \$290	
Associate	US <mark>\$745</mark>	\$290					
PAYMENT OF DUES A remittance of one (1) full year's du reduced pro rata (in direct proportic Upon application approval, dues are	on to the month in whi	•		nnually in Decembe	er. Second ye	ear dues will be	
Special Note: Internal Revenue codes are not tax deductible as charitable of This statement does not apply regard	contributions. However	; they may be	e tax deductible	•		÷	
	Check enclosed (remit in U.S. funds)						
NEW MEMBER DUES (See rate schedule.)	VISA (16 digits) MasterCard (13 or 16 digits) American Express (15 digits)						
Dues \$							
Total Amount \$	Card Number Wire transfer - If you JP Morgan Chase, N Swift: CHASUS33 • For credit to: ISSA • Please include comp Name of your bank:	I.A., 10 South E Telex: 420120 Account # 23 pany name wit	Dearborn St., Chic • ABA # 0210000 7248 h payment.		Month Expiratio		
Print Cardholder's Name:	Signature:						