

## SPECIAL INVITATION (THE DEAL) MEMBERSHIP APPLICATION

| Company Name  |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| Name of Primary Contact   |  |   |  |  |  |  |  |
| Mr. Mrs. Ms. First Name:  |  | Surname   |  |  |  |  |  |
|   | E-mail<br>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<br>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<br>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  |  |  |  |  |  |
| <br>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<br>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.)

| 1   |  |  |   |                    |                    |   |  |
|---|--|--|---|--------------------|--------------------|---|--|
| MEMBERSHIP DUES RATE SCHED  | ULE (Check one only.)  |  |   |                    |                    |   |  |
| <ul> <li>In-House Service Provider Corp</li> <li>Distributor</li> </ul>   | porate US <del>\$390</del><br>US <del>\$570</del>  |  | Building  | Service Contract   | or (BSC)           | US <del>\$490</del> -\$290<br>US <del>\$570</del> \$290 |  |
| Associate   | US <mark>\$745</mark>  | \$290  |   |                    |                    |   |  |
| PAYMENT OF DUES<br>A remittance of one (1) full year's du<br>reduced pro rata (in direct proportic<br>Upon application approval, dues are | on to the month in whi   | •  |   | nnually in Decembe | er. Second ye      | ear dues will be  |  |
| <b>Special Note:</b> Internal Revenue codes<br>are not tax deductible as charitable of<br>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<br>Wire transfer - If you<br>JP Morgan Chase, N<br>Swift: CHASUS33 •<br>For credit to: ISSA •<br>Please include comp<br>Name of your bank: | I.A., 10 South E<br>Telex: 420120<br>Account # 23<br>pany name wit | Dearborn St., Chic<br>• ABA # 0210000<br>7248<br>h payment. |                    | Month<br>Expiratio |   |  |
| Print Cardholder's Name:  | Signature:   |  |   |                    |                    |   |  |