

MEMBERSHIP APPLICATION

Company Name			
Name of Primary Contact			
		Surname	
Title		E-mail	
Note: The person who will be the	primary recipient of informa	ition from ISSA.	
Note: This area to be completed by	y Manufacturer, Distributor a	and BSC members only.	
Name of Official Representative			
Mr. Mrs. Ms. First Name:		Surname	
		E-mail Vice President/Officer Most Senior Manager for Jansan	
		I hold office. No other mailings will go to the Official Represe	
Note. The only purposes of the official	ii Representative are to vote and	Thold office. No other mailings will go to the official Represe	iitative.
Mailing Address		City	
State/Province	Postal Code	CityCountry	
Shipping Address	Postal Codo	CityCountry	
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 Direct	itory.		
Applicant referred by: Nan	ne	Company	
Please describe your reasons for jo	ining ISSA.		
Please describe what you expect to	receive as a result of your me	embership.	
CONTROL			
CONTACTS		L *	
List key employees to receive (*Members lounge is an area exclusive to ISSA mem			
Tradeshow Contact		E-mail	
Title			
Education/Training Contact _		E-mail	
Title			
		E-mail	
Title			
		E-mail	
Title			
		ture, I consent to receive all fax and e-mail communications sent by o	r on
behalf of ISSA, the ISSA Foundation, an			1 011
		t it has reviewed ISSA's Code of Ethics and all applicable agreements o	
at www.issa.com/code and is in complia membership. All statements made by m		agrees that it will remain in compliance as a condition for continued IS	SA
6: 1 5 : 1		D .	
Signature Required		Date	

MEMBERSHIP CLASSIFICATIONS	((heck one only)									
Distributor membership shall be	` ' '	se firms that or	cuny a nlac	e of hus	siness ar	rincina	ıl nurr	nose c	of which is t	
sale of cleaning and maintena										
these products shall be the dis										
_										
Wholesaler membership shall										
sale of cleaning and maintena						embers	prima	ariiy ti	rom the firm	
warehouse inventory. No sales										
Building Service Contractor (E				cupy a p	olace of b	usines	s, a pr	incipa	al purpose o	
which is the sale of cleaning a					.0.					
In-House Service Provider me				t provid	e cleaning	g and n	nainte	nance	e services fo	
themselves. Corporate or indiv	idual member	ships are availal	ole.							
Associate membership shall b	e open to firm	s that offer serv	vices to any	class of	members	s, as we	ll as b	uying	and/or sell	
groups or associations. It shall also	be open to fi	rms that sell pro	oducts prim	arily for	the manu	ıfacturi	ng pro	ocess.	\rightarrow	
COMPANY DESCRIPTION (Please pro	vide the following infr	ormation that may be us	sed for the ISSA Me	embershin D	irectory.)					
Provide general company descrip						irer na	mes fo	or the	product	
lines sold.	,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					p. 5 d. d. 5 t	
inics sold.										
1/100					74		100	1930	1000	
BUSINESS REFERENCES (Two busines	s references are requir	red. Please include comp	oany name, addres	ss, phone, ar	nd contact pers	son.)				
1										
MEMBERSHIP DUES RATE SCHED	OULF (Check one or	nly)								
				:1.1: 6			(DC	O)	110¢570 ¢	
In-House Service Provider Corporate Distributor							US \$530 \$ US \$600 \$			
		US \$600 \$99 US \$790 \$99		noiesale					US \$000 \$	
Associate		US \$730 \$99								
PAYMENT OF DUES A remittance of one (1) full year's du	les is to accom	nany application	Dues are h	illed ann	ually in De	cembe	r Seco	and ve	ear dues will	
reduced pro rata (in direct proportion				inca ariir	daily iii De	CCITIOC	1. 5000	nia ye	ar daes wiii	
Upon application approval, dues are	non-refundab	le.								
Special Note: Internal Revenue code	s require that a	not-for-profit tra	nde associati	on notify	members	that co	ontribu	itions	or gifts to IS	
are not tax deductible as charitable of				uctible a	s ordinary	and ne	cessar	y bus	iness expens	
This statement does not apply regard			oundation.							
	Form of Payr		\Box		, XI					
NEW MEMBER DUES (See rate schedule.)	Check enclosed (remit in U.S. funds) Charge my credit card account:									
(cee die saledale)	☐ VISA (16 d	igits) Maste	rCard (13 or 1	16 digits)	Ame	rican E	xpress	(15 d	igits)	
Dues \$										
	Card Numbe	V					Mo	nth	Year	
Total Amount \$ ———	Card Numbe								on Date	
	JP Morgan Swift: CHA! For credit t Please inclu	er - If you prefer to Chase, N.A., 10 Sou SUS33 • Telex: 420 to: ISSA • Account ude company name	oth Dearborn S 120 • ABA # 0 # 237248 e with paymen	St., Chicag 2100002	o, Illinois 6		ease dir	ect pa	yment to:	
	Name of yo	our bank:								
Print Cardholder's Name:	Signature:									