



OSFMA MEMBERSHIP SPECIAL- \$99

Company Name _____

Name of Primary Contact _____ E-mail _____

Title _____

Note: The Primary Contact is the person who will be the recipient of information from ISSA.

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 _____

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 on the cleaning industry.)

Trade Show Contact _____ E-mail _____

Title _____

Education/Training Contact _____ E-mail _____

Title _____

Legislative/Regulatory Contact _____ E-mail _____

Title _____

Young Executive Society (YES) Contact _____ E-mail _____

Title _____

Standards/Certification Contact _____ E-mail _____

Title _____

Why did you join ISSA? _____ How did you hear about us? _____

What do you want to receive as a result of your membership? _____

Primary Market Segment:

- Commercial Educational Governmental Healthcare Hospitality/Public Venues
- Industrial Residential Retail Transportation Other _____

I consent to receive all unsolicited communications sent by or on behalf of ISSA, the ISSA Foundation, and all ISSA 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 _____

