

OSFMA MEMBERSHIP SPECIAL- \$99

Company Name				
Name of Primary Contact Title	E-mail			
Note: The Primary Contact is the person who will be the recipient of information from ISSA.				
Mailing Address	City			
State/Province	Postal CodeCountry			
Shipping Address	City			
	Postal CodeCountry			
	Toll-FreeURL/Web Site			
	Company Fax*			
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 Title	E-mail			
Education/Training Contact	E-mail			
Title Legislative/Regulatory Contact Title	E-mail			
Young Executive Society (YES) ContactE-mail				
Title				
Standards/Certification Contact Title	E-mail			
	How did you hear about us?			
What do you want to receive as a result of your membership?				
Primary Market Segment:				
	overnmental Healthcare Hospitality/Public Venues stail Transportation Other			
I consent to receive all unsolicited communication	ns 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			

BUSINESS REFERENCES: Two business references (i.e. supplier, customer, or peer) are required for consideration of your				
application for membership. (Please include company name, address, phone, and contact person.) 1				
IN-HOUSE SERVE for themselves. Co Corpor Individu FACILITY MANA maintenance progre	VICE PROVIDER members rporate or Individual membership allows all ual membership gives one AGER / PURCHASER membership their facility or	ships shall be open to those firms that pro	y to access member benefits. als responsible for managing the facility.	
the exception of branch memberships, affiliate mailings, and reinstated memberships, second year dues will be reduced pro rata so that initial dues payment will cover a full 12-month period. Upon application approval, dues are non-refundable.				
Special Note: Internal Revenue codes require that a not-for-profit trade association notify members that contributions or gifts to ISSA are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses. This statement does not apply regarding contributions to the ISSA Foundation.				
	MEMBERSHIP DUES		Dues Rate	
	CORPORATE ISP*		\$99	
	☐ FACILITY MANAGER/PURCHASER		\$99	
☐ INDIVIDUAL ISP (Select one if applicable) \$99 ☐ IFMA Member Discount ☐ IFMA Member # ☐ IEHA Member Discount ☐ Please contact ISSA Customer Service for rate.				
FORM OF PAYMEN	NT.	Check enclosed - Remit in U.S. funds		
Dues \$_		Charge my credit card account:		
(Volu	untary contribution suggested \$70)	□ VISA (16 digits) □ MasterCard (13 or 16 digits) □ American Express (15 digits) □ Card Number Month Year Expiration Date		
Print Cardholder's Name: Signature:				

FOR ISSA USE ONLY: PAID \$ ____

_____ ACK _

_ RVD ____

_ DATE ___