



Independent Pool and Spa Service Association

6885 Bluebonnet Court
N. Richland Hills, TX 76180
www.ipssafortworth.com

817-514-0184 Fax

Fort Worth Chapter Supporter Application

Company Name _____

Mailing Address _____

City _____

State _____

Zip _____

Contact(s) _____

Phone Number _____

Fax _____

E-mail _____

Type of business:

____ Builder

____ Wholesaler

____ Manufacturer Rep.

____ Other _____

Products you represent: _____

Would you like to give a training seminar? Yes No

If so, what could you discuss?

The cost of Fort Worth Chapter Supporter for one calendar year is \$ 250.00.

Make funds payable to IPSSA Fort Worth

You will receive a small ad in our newsletter throughout the year.

Any articles you may want to write will be put into the newsletter.

For an additional fee you can have half page or full page advertisements or insert flyers announcing your educational seminars and product coupons.

You are always welcome at any Member's Meeting of IPSSA Fort Worth.

Please enclose a check payable to IPSSA-Fort Worth, the completed application and a business card.

Send completed form with your check to the address above. If you have any questions, please call 817-605-0194 or fax to 817-514-0184

Thank you for your support of our chapter!

For office use only

Check # _____

Amount \$ _____

Acceptance date _____

Board Approval _____

Board Members _____