# Auxiliary Membership Application

Auxiliary membership is available to employees of spas, resource partners or general members with current ISPA memberships. Auxiliary members receive a subscription to *Pulse* magazine, access to the members-only section of ISPA's Web site www.experienceispa.com and other valuable member opportunities such as discounted registration fees at the ISPA Conference & Expo and ISPA Knowledge Networks and Marketplaces and discounted research. Members are allowed an unlimited number of non-voting auxiliary members for the price of $175 USD per person. **All Auxiliary Members will expire at the same time as the Primary Membership.**

*If you have questions regarding the application please contact the ISPA office at 1.859.226.4326 or ispa@ispastaff.com.*

## 1. Contact Information

This information is published in the online version of the ISPA Membership Directory. ISPA members will use it to contact you. Please note that all auxiliary members are non-voting members of the association.

Name/Title: _____

Company Name: _____

Physical Address
**No P.O. Boxes:** _____

City, State, Postal Code: _____

Country: _____

Company Phone Number: _____

**Direct** Phone Number: _____

Fax Number: _____

Company E-mail Address: _____

**Direct** E-mail Address: _____

Web site Address: _____

## 2. Payment Information

❑ My check is enclosed in USD Funds payable to ISPA

❑ I have included credit card payment information

Authorized Payment Amount (USD$): $175 USD

Charge to: ❑ American Express ❑ Visa ❑ MasterCard ❑ Discover

Card Number: _____ Card Holder _____

Expiration: _____ Signature: _____

All membership dues are non-refundable. *Please contact the ISPA office for wire transfer information.*

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## 3. Verification Statement

In consideration of ISPA's review of its application for membership, _____ ("Applicant") and its officers, directors, employees and agents hereby agree:

A. To waive irrevocably any claim or right of action at law or in equity that they may have at any time against ISPA, its Board of Directors, Officers, members, agents, and employees either as a group or as individuals, for any act in connection with the business of ISPA and in particular its acts in admitting, classifying or reclassifying, or granting or not granting membership; or in any act of censure, suspension or termination of membership for a violation of ISPA's bylaws, policies, regulations, or standards and practices.

B. That upon request Applicant will provide such other information as may be necessary to support its membership classification, and if Applicant fails to do so, or if it is deemed inadequate, a reclassification of its membership or termination may be taken by ISPA as it, in its sole discretion, determines.

C. To be bound by all decisions, bylaws, policies, regulations, standards and practices of ISPA as they are now or as they may be subsequently stated.

D. Upon notification by ISPA of any failure to comply with any applicable bylaws, policies, regulations, standards and practices, to cure such deficiency or be subject to termination from any applicable membership category by ISPA within its sole discretion.

Applicant acknowledges that filling out this form does not guarantee or constitute membership or classification as a member.

Applicant agrees to receive association information via e-mail, mail and fax.

Applicant verifies that it meets the membership criteria for the class of membership applied for and that it agrees to abide by the terms set forth above, as presently stated or hereinafter amended.

Print Name: _____ Title: _____

Signature: _____ Date: _____

## 4. How did you hear about ISPA?

We would like to know why you decided to become a member of ISPA. Please check the box or boxes that apply. Use the space available to provide the name if applicable.

❒ Pulse Magazine
❒ Another ISPA member _____
❒ ISPA Web site
❒ I received information from ISPA.
❒ ISPA Event (Conference, Knowledge Networks) _____
❒ Other _____

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## 5. Complete Application

In order to avoid delays in the membership application process, be sure to fill out the application in its entirety and return it to:

International SPA Association
2365 Harrodsburg Road, Suite A325
Lexington, Kentucky 40504 USA
1.888.651.ISPA (4772) or 1.859.226.4326
Fax: 1.859.226.4445
ispa@ispastaff.com

- Once we receive your application, we will send you an e-mail to verify we received it.
- Approximately one week after your application is accepted, you will receive your Web site log in information via e-mail. At this time, please be sure to log in to fill out your products & services checklist and to review your contact information.
- Approximately 4-6 weeks after your application is received, you will receive your new member kit in the mail. This will include all of your member benefits information.