



Resource Partner Membership Application

Resource Partner membership is available to companies that provide professional services and/or products to the spa industry. A Resource Partner membership includes the company and one (1) primary member. Additional individuals at the same property may be added to the membership for \$175 USD each. ***All Auxiliary Members will expire at the same time as the Primary Membership.** This membership application is divided into eight (8) sections.

You can download other applications at www.experienceispa.com. If you have questions regarding the application please contact the ISPA office at 1.859.226.4326 or ispa@ispastaff.com.

1. Company / Primary Member Contact Information

This information is published in the printed and online version of the ISPA Membership Directory. ISPA members will use it to contact you, your company and the individuals listed below. Please note the first and second primary members will be voting members of the association.

Name/Title (1st Primary Member): _____

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. Additional Members' Contact Information*

***All additional individual members will expire at the same time as the Primary Membership.**

2nd Primary Member (Add one additional member with voting privileges for \$175 USD)

Name: _____ Title: _____

Direct Phone: _____ Fax: _____

Direct E-mail: _____

Auxiliary Member (Add one additional member with non-voting privileges for \$175 USD)

Name: _____ Title: _____

Direct Phone: _____ Fax: _____

Direct E-mail: _____

Auxiliary Member (Add one additional member with non-voting privileges for \$175 USD)

Name: _____ Title: _____

Direct Phone: _____ Fax: _____

Direct E-mail: _____

Please attach a separate page for additional auxiliary members if necessary.



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3. Payment Information

Please refer to the table listed below for your payment information. All membership dues are non-refundable. *Please contact the ISPA office for wire transfer information.*

Application Month:	Resource Partner Membership:	Your Membership Expires:
Nov. 14-Nov. 30, 2008	\$982 USD	30-Jun-2010
December 2008	\$982 USD	30-Jun-2010
January 2009	\$930 USD	30-Jun-2010
February 2009	\$878 USD	30-Jun-2010
March 2009	\$827 USD	30-Jun-2010
April 2009	\$775 USD	30-Jun-2010
May 2009	\$723 USD	30-Jun-2010
June-Oct. 8, 2009	\$620 USD	30-Jun-2010

Each additional individual added to the membership is \$175 USD. The ISPA membership remains in the possession of the payee.

- My check is enclosed in USD Funds payable to ISPA I have included credit card payment information

Authorized Payment Amount (USD\$): _____

Charge to: American Express Visa MasterCard Discover

Card Number: _____ Card Holder Name: _____

Expiration: _____ Signature: _____

4. Products and Services

Select up to two products and services from the list below.

- Architect
- Association
- Candles and Scents
- Clothing and Accessories
- Full Service Consultant
- Cosmetics / Cosmetic Equipment
- Distributor
- Education and Training – Colleges, Universities and Schools
- Equipment
- Food and Beverages
- Hair care products
- Insurance
- Linens
- Marketing / Public Relations Services
- Music
- Nail care products
- Nutritional products
- Publications / Web sites
- Skin care / body care products
- Software



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Choose all that apply.

- Global distribution
- Environmentally friendly / sustainable

5. Verification Statement

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

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.

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.

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.

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: _____

6. ISPA Resource Partner Member Code of Ethics

As a Resource Partner of ISPA, it is our mission to enhance the quality of life through our endeavors to provide quality products, services and education to those we serve. In our cooperative efforts, our goal is to bring appreciation, value and understanding of the spa experience to the consumer.

In order to fulfill our mission, we pledge the following:

- We will be guided in all activities by truth, accuracy, fairness and integrity.
- To produce quality products and services and continually educate our customers about our products and services to better serve the end consumer.
- To deliver on our commitments.
- That we are an equal-opportunity employer.
- We will cooperate with our customers toward the continual expansion of the spa industry.
- That we conduct our business in a manner that commands the respect of those we serve.
- Customer satisfaction will be the determining factor in all our business dealings.
- To be loyal to the Association and agree to pursue and support its objectives.
- To keep informed on the latest techniques, developments and knowledge pertinent to professional improvement.



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- To help fellow members reach personal and professional fulfillment.
- We will utilize every opportunity to enhance the public image of the spa industry.

_____ (“Member”) hereby agrees to abide by the ISPA Resource Partner Member Code of Ethics. In the event that ISPA becomes aware of any failure to adhere to the Code of Ethics, it shall notify the Member of such noncompliance. Should the Member fail to cure such deficiency, ISPA, in its sole discretion, may terminate the Member from membership and/or any applicable category of membership.

Nothing herein shall create any rights in the third parties or responsibilities of ISPA with respect to the business operations of any ISPA Resource Partner member.

Print Name: _____ Title: _____
 Signature: _____ Date: _____

7. 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 _____

8. Complete Application

In order to avoid delays in the membership application process, fill out the application in its entirety.

Please return this completed application 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.