



Student Membership Application

Student Membership is available to all full- and part-time students who are interested in learning more about the spa industry and are not currently employed by a spa or spa industry supplier. In addition to this application, we will also need a letter from your school stating your current student status, school transcript or a copy of your student ID. The proof of your student status must include your expected graduation date or the current year. This membership application is divided into five (5) sections.

You can download other applications at www.experienceispa.com. If you have questions regarding the application please contact the ISPA office at 1.888.651.ISPA 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 student members are non-voting members of the association.

Name/Title: _____

School Name: _____

Direct Physical Address
No P.O. Boxes: _____

City, State, Postal Code: _____

Country: _____

Direct Phone Number: _____

Fax Number: _____

Direct E-mail Address: _____

School Web site Address: _____

Expected Graduation Date: _____

2. 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:	Student Membership Cost:	Your Membership Expires:
October 2009	\$88 USD	30-Jun-2010
November 2009	\$88 USD	30-Jun-2010
December 2009	\$139 USD	30-Jun-2011
January 2010	\$132 USD	30-Jun-2011
February 2010	\$125 USD	30-Jun-2011
March 2010	\$117 USD	30-Jun-2011
April 2010	\$110 USD	30-Jun-2011
May 2010	\$103 USD	30-Jun-2011
June-Nov.18, 2010	\$95 USD	30-Jun-2011

- 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: _____



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Expiration: _____ Signature: _____

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. **To apply, please fax or mail this completed form along with a letter from your school stating your current student status, school transcript or a copy of your student ID 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

*Please remember to include your expected graduation date or the current date on your proof of student status.

- 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 and 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.