



# RESOURCE PARTNER MEMBERSHIP

## 1. MEMBERSHIP TYPE

- Resource Partner Premiere Plus Membership (\$995 USD)  
Up to 10 company members.
- Resource Partner Premiere Membership (\$795 USD)  
Up to 5 company members.
- Resource Partner Membership (\$620 USD)  
Only one primary member.

## 2. COMPANY INFORMATION

Company Name: \_\_\_\_\_

Company Address: (Physical address only, no P.O. Boxes) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ Company Fax Number: \_\_\_\_\_

Company Twitter Handle: \_\_\_\_\_ Company Facebook Name: \_\_\_\_\_

Web site: \_\_\_\_\_

## 3. PLEASE INDICATE THE PRIMARY PRODUCTS AND SERVICES YOUR COMPANY OFFERS

Please select up to two choices from the list below. After your membership is active, please visit [www.experienceispa.com](http://www.experienceispa.com) to list additional details of your offerings.

- Architect  Candles and Scents  Clothing and Accessories  Consultant  Cosmetics / Cosmetic Equipment
- Distributor (you distribute more than your own product)  Education and Training  Equipment
- Food and Beverages  Hair care products  Insurance  Linens  Marketing / PR Services  Music
- Nail care products  Nutritional products  Publications / Web sites  Skin care / body care products  Software

## 4. PRIMARY CONTACT INFORMATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Have you ever been an ISPA member before? \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Birthday: \_\_\_\_\_

Please choose the job description that best fits you:

- president / CEO  finance  human resources  public relations / marketing
- sales executive / sales representative  other \_\_\_\_\_

## 5. PAYMENT INFORMATION

If you chose Premiere or Premiere Plus, an ISPA representative will contact you upon receipt of your secure information for your company members. Membership will be active until June 30, 2011.

Check enclosed (payable to ISPA)

Charge my:  Visa  MasterCard  American Express  Discover

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

CVV security code: \_\_\_\_\_

If you need wire transfer information, please call ISPA at 1.888.651.4772.

**6. HOW DID YOU HEAR ABOUT ISPA?**

- Pulse Magazine     ISPA Web site     Received information from ISPA
- ISPA Event (Conference, Knowledge Network)     Contacted by ISPA Staff     Twitter     Facebook     Spa Week
- Another ISPA Member \_\_\_\_\_     Other \_\_\_\_\_

**7. I WOULD LIKE MORE INFORMATION FROM ISPA ON:**

(check all that apply and an ISPA representative will contact you)

- Trade Show Exhibits     Sponsorship Opportunities     Advertising Opportunities

**8. 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.

**9. ADDITIONAL APPLICATION DETAILS AND SIGNATURE**

I have read and agree to the **Resource Partner Code of Ethics** (next page) and **Verification Statement**.

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NEXT STEPS**

1. Return this completed application to ISPA by:

- a. Mail  
ISPA – Attn: Membership Department  
2365 Harrodsburg Road, Suite A325  
Lexington, KY 40504 USA
- b. Fax to 1.859.226.4445
- c. Scan and E-mail to [ispa@ispastaff.com](mailto:ispa@ispastaff.com)

2. Once we receive your application you will receive an e-mail to verify its receipt.

3. Approximately 2 business days after we receive your application you will receive an e-mail with your personal Web site login ID, password and web link to your new member welcome packet.

**FOR ISPA OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_



**ISPA RESOURCE PARTNER MEMBER CODE OF ETHICS** (keep this page for your records)

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.
- 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.