



Call for Volunteers

Willingness to Serve Form

Name _____

Title _____ Company _____

Address _____

City _____ State _____ Zip _____

Chapter Affiliation _____ PHTA Member Number (required) _____

Office Phone _____ Cell _____ Fax _____

Email _____

Do you currently serve on a PHTA Council, Committee or Chapter?

Please list. _____

I am a:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Builder/Installer | <input type="checkbox"/> Distributor | <input type="checkbox"/> Pool Operator | <input type="checkbox"/> Service Technician |
| <input type="checkbox"/> Code/Health Official | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Retailer | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Design Professional | <input type="checkbox"/> Manufacturers Agent | <input type="checkbox"/> Service Company | |

Current Designations:

- | | | | | | | |
|---------------------------------------|-------------------------------------|-------------------------------------|------------------------------|-------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> CBP | <input type="checkbox"/> CSP | <input type="checkbox"/> CST | <input type="checkbox"/> CMS | <input type="checkbox"/> CHTT | <input type="checkbox"/> CRP | <input type="checkbox"/> CPO |
| <input type="checkbox"/> Advanced CBP | <input type="checkbox"/> Expert CBP | <input type="checkbox"/> Master CBP | | | | |

Areas of Expertise:

- | | | |
|--|--|---|
| <input type="checkbox"/> Aboveground pools | <input type="checkbox"/> Electrical and illumination requirements, equipotential bonding | <input type="checkbox"/> Pumps and motors |
| <input type="checkbox"/> Accessory structures, i.e. submerged rocks, stools, islands, water features, bond beams | <input type="checkbox"/> Energy efficiency | <input type="checkbox"/> Residential inground pools |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Entries and exits, swimouts, underwater benches, and special features | <input type="checkbox"/> Safety and safety features |
| <input type="checkbox"/> Circulation and circulation systems, components | <input type="checkbox"/> Fiberglass pools | <input type="checkbox"/> Sanitizing equipment and chemical operational parameters |
| <input type="checkbox"/> Commercial pools | <input type="checkbox"/> Filters | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Decks and deck equipment | <input type="checkbox"/> Heaters | <input type="checkbox"/> Suction entrapment avoidance |
| <input type="checkbox"/> Design (general) | <input type="checkbox"/> Inlets and outlets | <input type="checkbox"/> Ventilation |
| <input type="checkbox"/> Dimensional design, floor and wall slopes, construction tolerance | <input type="checkbox"/> Operation and facility management | <input type="checkbox"/> Vinyl lined pools |
| | <input type="checkbox"/> Package pool spas (inground, portable) and swim spas | <input type="checkbox"/> Water supply |

Interest:

- | | | |
|--|--|---|
| <input type="checkbox"/> Awards Committee | <input type="checkbox"/> Government Relations Committee | <input type="checkbox"/> Research/Grant Committee |
| <input type="checkbox"/> Builders Council | <input type="checkbox"/> International Hot Tub Association (IHATA) | <input type="checkbox"/> Retail Council |
| <input type="checkbox"/> Commercial Council | <input type="checkbox"/> Manufacturers Agents Council | <input type="checkbox"/> Service Council |
| <input type="checkbox"/> CPO Advisory Council | <input type="checkbox"/> Manufacturers Council | <input type="checkbox"/> Technical Committee |
| <input type="checkbox"/> Fiberglass Pool Manufacturers Council | <input type="checkbox"/> Membership Committee | <input type="checkbox"/> WAVE Steering Committee |



Please tell us why you want to serve on a Council or Committee. Please include any relevant experience, qualifications, education, awards, or honors. Your application will not be considered complete without this.

Signature _____

Date _____

**Please send your completed form to Seth Ewing at sewing@phta.org.
Forms must be turned in by June 15, 2022 for consideration.**

Submit Now