

Membership Application

for Builder/Installer, Retail Stores, and Service Companies



Company Information

Company Name _____
 Address _____
 City, State/Province, Zip, Country _____
 Phone/Fax _____
 Website _____

Primary Contact

Name _____ Email _____
 Job Title _____
 Phone _____ Mobile _____
 Billing Contact _____ Billing Contact Email _____

Organization Type and Dues

Check all that apply.

- Builder/Installer** | Firms that build, install, and renovate swimming pools, spas, hot tubs, and water features.
- Retail Store** | Firms that operate a retail store open to the public offering a variety of industry products, spanning more than one manufacturer's brand(s).
- Service Company** | Firms that service and maintain swimming pools, spas, hot tubs, water features.

Check the appropriate box below.

| Annual Sales Revenue | Annual Dues | Monthly Dues | Annual Sales Revenue | Annual Dues | Monthly Dues |
|---|-------------|--------------|--|-------------|--------------|
| <input type="checkbox"/> Under \$1.5M | \$600 | \$50.00 | <input type="checkbox"/> \$10M-\$19.9M | \$3,000 | \$250.00 |
| <input type="checkbox"/> \$1.5M-\$2.49M | \$750 | \$62.50 | <input type="checkbox"/> \$20M-\$30M | \$4,000 | \$333.33 |
| <input type="checkbox"/> \$2.5M-\$4.9M | \$1,000 | \$83.33 | <input type="checkbox"/> Over \$30M | \$5,000 | \$416.67 |
| <input type="checkbox"/> \$5M - \$9.9M | \$2,000 | \$166.67 | | | |

Additional Contributions

Help Protect our Industry!

PHTA serves as your voice for legislative matters and advances and protects your right to do business. The need for PHTA's advocacy continues to grow. Please contribute to **PHTA's Defense Fund**.

\$50 \$100 \$250 \$500 \$1,000 Other _____

Payment

I want to pay my annual dues:

- Annually - payable by check or credit card (one invoice per year)
 - Monthly - must pay by credit card (automatically charged to the credit card on file)
- Dues: \$ _____
- Defense Fund Contribution*: \$ _____
- TOTAL AMOUNT \$ _____
- Check enclosed (US Funds) payable to PHTA for total amount. Charge my: MasterCard VISA AMEX Discover as indicated at TOTAL AMOUNT.
- Card Number _____
- Expiration Date _____ CVV _____
- Name on Card _____
- Signature _____

*Defense Fund contributions are included in your first payment-no installments.

Membership is in the name of the company. The membership year runs for 12 consecutive months beginning the month the dues invoice is processed. Questions? Contact PHTA Membership at membership@PHTA.org or call 703.838.0083, ext. 116.

Send your application and payment to: PHTA, 1650 King St., Suite 602, Alexandria, VA 22314
 Credit card applications can be faxed to: (703) 549-0493

Member Code of Ethics

I understand that PHTA provides services to the entire pool, spa and hot tub industry and requires membership dues to operate effectively. I affirm that all information provided herein is true and complete and that the membership category selected accurately represents my business. I understand that PHTA occasionally uses third-party information sources to verify dues information provided to the association. I have read the PHTA Code of Ethics outlined on phta.org/ethics and agree to support the association's efforts to grow the industry. I have read and agree to these terms. By checking this box, I am certifying that I am authorized to sign my organization up for membership in the Pool & Hot Tub Alliance (PHTA). I affirm that my agreement here constitutes an electronic signature and that this signature meets any and all requirements for an original signature.

Name/Date _____ Signature Required _____