

Membership Application for Distributor and Manufacturer



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 Membership Dues

- Distributor** | Firms whose major (70%) business is the wholesaling of goods manufactured by others. No single customer shall constitute 50% or more of the firm's sales.
- Manufacturer** | Firms manufacturing or fabricating products or components, including complete swimming pool units, spas, and hot tub units.

Check the appropriate box below.

Annual Sales Revenue (all locations)	Annual Dues	Monthly Dues	Annual Sales Revenue (all locations)	Annual Dues	Monthly Dues
<input type="checkbox"/> Under \$2.49M	\$ 2,500	\$208.33	<input type="checkbox"/> \$75M-\$99.9M	\$35,000	\$2,916.67
<input type="checkbox"/> \$2.5M- \$4.9M	\$5,000	\$416.67	<input type="checkbox"/> \$100M-\$199.9M	\$45,000	\$3,750.00
<input type="checkbox"/> \$5M-\$9.9M	\$10,000	\$833.33	<input type="checkbox"/> \$200M-\$399.9M	\$50,000	\$4,166.67
<input type="checkbox"/> \$10M-\$19.9M	\$15,000	\$1,250.00	<input type="checkbox"/> \$400M-\$599.9M	\$60,000	\$5,000.00
<input type="checkbox"/> \$20M-\$49.9M	\$20,000	\$1,666.67	<input type="checkbox"/> Over \$600M	\$75,000	\$6,250.00
<input type="checkbox"/> \$50M-\$74.9M	\$25,000	\$2,083.33			

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 the **PHTA Defense Fund**. \$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 \$ _____

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

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 _____

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

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.

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 _____