



INDIVIDUAL ENROLLMENT FORM

Congratulations on being selected to participate in the registered Pool Maintenance and Service Technician Apprenticeship Program to advance your career as a professional. We look forward to seeing your progression through the program.

Name _____ **Date of Application** _____

Home Address _____

City _____ **State** _____ **Zip Code** _____

Phone Number _____ **Email Address** _____

EMPLOYER INFORMATION

Company Name _____

Company Address _____

City _____ **State** _____ **Zip Code** _____

Program Contact Person _____

Phone Number _____ **Email Address** _____

PREFERRED METHOD OF CONTACT Home Work

REQUIRED DOCUMENTATION

When returning this registration form, please provide:

- Apprentice's Resume
- DOL Apprentice Agreement
- Proof of completion of high school, GED or equivalent, or enrollment in high school* (e.g. – copy of official transcript)
*(*not eligible to complete program until proof of graduation)*
- Copy of driver's license, government issued ID card, or birth certificate (must be at least 16 years of age)
- Proof of eligibility to work in U.S. if not U.S. citizen
- Name of employer provided mentor and contact information:

My mentor for the apprenticeship program will be: _____

His/her email address is: _____

His/her phone number is: _____

PAYMENT

FREE for employees of PHTA member companies to enroll in the Apprenticeship Program™ and a fee of \$125 for employees of non-member companies.

Please find payment included by check.

- Please charge FREE (PHTA member rate) or
- \$125 (PHTA non-member rate) to Credit Card: VISA MASTERCARD AMEX DISCOVER

Name on Card _____ **Amount to be Charged** _____

Credit Card Number _____ **Exp. Date** _____ **CVV (3 or 4 digit code)** _____

Please submit the completed application to:

Pool & Hot Tub Alliance
Attn: Apprenticeship Program
2111 Eisenhower Avenue, Suite 500
Alexandria, VA 22314

Submit Now