

Special Chapter  
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# Membership Application

**for Professional Affiliate, Allied Supplier, Professional Pool Management, Manufacturer's Agent, Commercial Facility, Single-Person Service Company, and Associate**



## Company Information

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

## Contact

Name \_\_\_\_\_ Email \_\_\_\_\_  
Job Title \_\_\_\_\_  
Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
Email \_\_\_\_\_  
Billing Contact \_\_\_\_\_ Billing Contact Email \_\_\_\_\_

## Organization Type and Membership Dues

- Professional Affiliate** | Firms or individuals that provide professional services. Includes consultants in designing, building, and operation, architects, landscapers, finance and lending firms, bookstores, advertising, PR, and insurance agencies/agents.
- Allied Supplier** | Manufacturers and distributors not directly related to the manufacture or operation of pools, spas, or hot tubs, but more related to the backyard experience.
- Professional Pool Management** | Firms or individuals providing professional management services for public and semi-public swimming pools, spas, hot tubs, and water features.
- Manufacturer's Agent** | A firm or individual representing two or more different manufacturers and brands (any size firm).
- Commercial Facility** | An entity operating a single commercial or semi-public swimming pool, spa, or hot tub facility.
- Single-Person Service Company** | Person servicing and maintaining swimming pools, spas, hot tubs, water features.
- Associate** | Not-for-profit individuals and organizations, health/code inspectors, government entities, trade or professional associations, research, or academic institutions.

### SPECIAL CHAPTER PRICING (annual payers only)

Check the appropriate box below.

Organization Type	Annual Dues	Monthly Dues	Organization Type	Annual Dues	Monthly Dues
<input type="checkbox"/> Professional Affiliate	<del>\$699</del> \$524.25	\$58.25	<input type="checkbox"/> Commercial Facility	<del>\$299</del> \$224.25	N/A
<input type="checkbox"/> Allied Supplier	<del>\$699</del> \$524.25	\$58.25	<input type="checkbox"/> Single-Person Service Company	<del>\$299</del> \$224.25	N/A
<input type="checkbox"/> Professional Pool Management	<del>\$600</del> \$450.00	\$50.00	<input type="checkbox"/> Associate	<del>\$199</del> \$149.25	N/A
<input type="checkbox"/> Manufacturer's Agent	<del>\$600</del> \$450.00	\$50.00			

\*monthly options unavailable for dues amounts under \$300.

Continues >

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## Additional Services and 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) - discount not applicable

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 St., Suite 602, Alexandria, VA 22314-4695

Credit card applications can be faxed to: (703) 549-0493

## Membership Information

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 Member Services at [membership@phta.org](mailto: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](http://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 \_\_\_\_\_