



Start enjoying the
benefits of IHTA
membership today!
JOIN NOW.

MEMBERSHIP Application

Company and Contact Information

Company Name _____

Address _____

City _____

State/Province _____ ZIP Code _____ Country _____

Primary Contact _____

Title _____ E-mail _____

Phone _____ Website _____

Organization Type and Dues

Hot Tub Retail Store = \$1,000

Membership Information

Membership is in the name of the company. The primary contact receives the PHTA/IHTA annual dues invoice.

The membership year runs for 12 consecutive months beginning the month the dues invoice is processed, after which time it shall automatically renew for additional 12 month periods unless either party elects to terminate this agreement by providing at least thirty (30) days' written notice.

Questions? Contact Member Services at membership@PHTA.org or call 703.647.2542.

Payment

I want to pay my membership dues in:

Annual Payment - payable by check or credit card (Will Receive an Invoice Once Per Year)

Monthly Payments - must pay by credit card (Automatically Charged to the Credit Card on File)

Dues: \$ _____ **TOTAL: \$** _____

Check enclosed payable to PHTA for the total amount.

Charge my: MasterCard Visa AmEx Discover

Card Number _____ Expiration Date _____ CVV # _____

Name on Card _____ Signature _____

Send your application and payment to:

PHTA, 1650 King Street, Suite 602, Alexandria, VA 22314-4695

Credit card applications can be faxed to: 703.549.0493