



Florida Swimming Pool Association

Annual Membership Application

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By submitting payment (in full or on a payment plan), the company below agrees to membership in FSPA in the appropriate Chapter, agrees to abide by the code of ethics, and criteria for membership (printed on the reverse side). The FSPA logo and name may be used only by members after approval of membership.

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Company Name: _____

Contact Name: _____ E-Mail: _____

Co. Address: _____ Primary county of work: _____

City, State, Zip: _____ FEIN or SSN: _____

Website: _____ Facebook: _____

Phone: _____ Cell: _____ Date of Birth _____

See reverse side for membership categories, dues, criteria and code of ethics. Membership includes all company employees.

Has company applying been in business at least 1 year? Yes No
If "no", please contact the FSPA office for a provisional membership application.

Has company or any of its principals been found guilty of any criminal offense within the last three years (excluding traffic offenses)? If "yes", provide date and nature of conviction _____ Yes No

Has company or qualifier had any past or pending professional disciplinary actions taken against the company or qualifier by any regulatory body in the state of Florida or any other jurisdiction? Yes No
If "Yes" provide the date and reason for the disciplinary action _____

Complete if company engages in any work requiring a State Contractor Certification or State Registration:

Qualifier Name: _____ License: _____
State Certified / Registered Contractor's License Number

Attach a copy of Certificate of Insurance / Workers' Comp Exemption

Check all that apply to your company:

- Manufacturer Distributor Pool / Spa Service (Pool Cleaning / Water Treatment)
- Pool / Spa Builder / Installer Pool / Spa Service (Full Service Including Repair / Refinishing / Equipment Servicing)
- Building / Health / Licensing Official Landscape Architect Subcontractor - type of work: _____
- Consultant - type: _____ Retail Store Other: _____

Annual Payment: Check # _____ Dues/Fees Amount: \$ _____

Credit Card # _____ CVV _____ Exp. Date: _____ Billing ZIP: _____

Monthly ACH withdrawal for continuous membership benefits:

Bank Name: _____ Account Type (checking, business checking, savings): _____

Routing # _____ Account # _____

I authorize FSPA to charge this bank account monthly for FSPA membership dues. This payment authorization is valid and to remain in effect unless I notify FSPA of its cancellation by sending written notice. At that time the remainder of the current 12 month cycle will be charged.

Important Notice: Dues payments to the Florida Swimming Pool Association are not tax deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible as an ordinary and necessary business expense, subject to any exclusion for lobbying activity. The current percentage used for lobbying that is not deductible for income tax is 17%.

- I do NOT wish to receive faxes or e-mails regarding FSPA activities, events or member benefit programs. (Benefit program information may come from an affiliated third party.)
- I do NOT wish to receive text messages from FSPA.

FSPA Membership Categories / Dues and Fees

	Monthly ACH*	Annually
BUILDER: Builder, installer.	<input type="checkbox"/> \$80	<input type="checkbox"/> \$960
SERVICE: Service, maintenance, repair, leak detection, retail store.		
<i>Small</i> (3 or fewer people / subs)	<input type="checkbox"/> \$41.25	<input type="checkbox"/> \$493
<i>Large</i> (4+ people / subs or retail store)	<input type="checkbox"/> \$80	<input type="checkbox"/> \$960
TRADE PARTNER: Licensed trades (solar, paver, subs, electric, engineer, architect).		
<i>Small</i> (3 or fewer people / subs)	<input type="checkbox"/> \$41.25	<input type="checkbox"/> \$493
<i>Large</i> (4+ people / subs)	<input type="checkbox"/> \$80	<input type="checkbox"/> \$960
INDUSTRY PARTNER: Other companies with members as customers (insurance, advertising, education).	<input type="checkbox"/> \$80	<input type="checkbox"/> \$960
SUPPLIER: Manufacturers, distributors and manufacturer's reps. <i>Blue category members are eligible for an FSPA member list one time per year, discount on show booth space, discount on print and web advertising, logo with live links on industry/member website.</i>	Blue	<input type="checkbox"/> \$2,775
	White	<input type="checkbox"/> \$1,525
ASSOCIATE: Government, nonprofit.		<input type="checkbox"/> \$190
ADDITIONAL LOCATIONS: Fee per additional Chapter (First company membership is at full price per above schedule).		<input type="checkbox"/> \$325
RETIREE: No longer working.		<input type="checkbox"/> \$175

Rates reflect annual dues and membership fees approved by the FSPA Board of Directors.

**For monthly payments a recurring ACH must be provided. Charges will be drawn on the first business day of each month. Membership is annual and full payment is due for remaining months if ACH transfers are cancelled.*

Criteria for Membership

The business activities must include those products or services used in the swimming pool and spa industry.

The membership must be with the Chapter where the applicant's principal office or place of business is geographically located, unless otherwise agreed to with another Chapter and the approval of FSPA.

The applicant shall have tendered the appropriate amount in payment for dues.

The individual making the application shall have been in business for a period of at least one year. For those in their first year of business, a provisional membership application is available.

The applicant shall hold all necessary and relevant state and local licenses and permits.

The business is conducted in a manner which leads to the satisfactory resolution of all significant and meritorious consumer complaints made to FSPA or a Chapter thereof, a Better Business Bureau or governmental authority.

The business is conducted in a financially responsible manner such that neither the business nor its principals shall have been adjudged guilty by a court of competent jurisdiction during the past three years of any felony or misdemeanor involving business or financial practices.

Neither the applicant nor its principals shall have misused the FSPA logo during the past two years unless the applicant shall pay proper dues for the year(s) of misuse or make other settlement with FSPA.

The applicant agrees to abide by the Association's Code of Ethics.

FSPA Code of Ethics

Believing that honesty and integrity, high ideals and concern for the welfare of the pool industry and the public we serve are both desirable and necessary, and in a sincere effort to promote the mission of the Association, members of the FSPA pledge themselves to:

- Keep honesty as our guiding business policy.
- Comply with the spirit and letter of business contracts, existing laws and codes, and manage employees, subcontractors and suppliers with fairness and honor.
- Provide fair and expeditious response to claims covered under warranty.
- Work for the benefit of the consumer through the use of quality materials and construction practices backed by integrity and service.
- Keep informed regarding public policies and other essential information which may affect our business interests and those of the pool industry as a whole by attending the minimum number of association meetings as prescribed by my local Chapter.
- Promote the concepts of free enterprise and service to the public and the industry.
- Make all advertising and sales promotion factually accurate, use only competent testimonials, avoid those practices which tend to mislead or deceive the customer, and refrain from false or misleading criticism of competitors.
- Support and abide by the decisions of the Association in promoting and enforcing this Code of Ethics and cooperate with any investigation related to such enforcement.

Signature: _____

Date: _____