

ASSOCIATE MEMBERSHIP APPLICATION (Strictly Confidential)

LAST NAME: _____ DATE: _____

FIRST NAME: _____ NICKNAME: _____

COMPANY NAME:

E-MAIL ADDRESS: _____ WEBSITE: _____

MAILING ADDRESS:

BILLING ADDRESS:

PHONE: Business: _____ Residence: _____
Fax: _____ Cell: _____

YEARS in the INDUSTRY: _____

IS YOUR COMPANY A FAMILY-OWNED BUSINESS? _____

WHAT IS YOUR PRIMARY BUSINESS FOCUS?

_____ Residential _____ Commercial _____ Manufacturer
_____ Service _____ Builder _____ Other
_____ Retailer (Please circle) Chemicals, Accessories, Spas/Hot Tubs, Above Ground

INDICATE TRADE ASSOCIATIONS IN WHICH YOU ARE A MEMBER (Please circle)
S.P.A.H. NSPI NSPF Chamber of Commerce
Small Business Hawaii IPSSA UPA CPO
Other

HOW DID YOU LEARN ABOUT S.P.A.H.?

WOULD YOU BE INTERESTED IN SPEAKING AT ONE OF OUR MEETINGS?

WOULD YOU LIKE TO RECEIVE MINUTES FROM THE MEETINGS?

**You are always invited and encouraged to attend our evening meeting every second Tuesday of each month (excluding December). Please call to find out date, time and location.
Mahalo!**