SWIMMING POOL ASSOCIATION of HAWAII (S.P.A.H)
MEMBER UPDATE PROFILE
(Strictly Confidential)

LAST NAME: _____ FIRST NAME: _____
(Please Print) NICKNAME: _____

SPOUSE: _____

COMPANY NAME: _____

E-MAIL ADDRESS: _____

WEB-SITE: _____

MAILING ADDRESS: _____

HOME ADDRESS: _____

PHONE: Business: _____ Residence: _____

Fax: _____ Cell: _____

Pager: _____

YEARS in the POOL BUSINESS: _____ NO. of EMPLOYEES: _____

ROUTE AREAS COVERED: (Circle Areas) NO. of POOLS: _____

Windward North Shore Leeward Downtown East Oahu

IS YOUR COMPANY A FAMILY-OWNED BUSINESS? _____

DOES YOUR COMPANY HAVE GENERAL LIABILITY INSURANCE? _____

WHO IS YOUR CARRIER? _____

INDICATE TRADE ASSOCIATIONS IN WHICH YOU ARE A MEMBER (Please circle)

S.P.A.H. NSPI NSPF Chamber of Commerce
Small Business Hawaii Parks & Recreation Centers
Other _____

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

DATE: _____ MEMBER SINCE: _____

Please fax to : 394-0303