



## The Arizona Spa Association Membership Application

### *AZSPA Membership Types*

#### **Primary Members**

Any firm, corporation or other business entity engaged in operating spa services or actively engaged in supplying goods or services to the spa industry shall be eligible for Primary Membership in the Arizona Spa Association (AZSPA). The Primary Members class shall be comprised of categories which shall be fixed from time to time by two-thirds (2/3) vote of the Board of Directors.

Currently, the Primary Members division is comprised of the following types:

- a) **Vendor/Spa Partner.** Available to those persons, companies or other business entities that provide professional services and/or products that support the spa industry.
- b) **Club Spa.** Available to those persons, companies or other business entities which operate a facility whose primary purpose is exercise and fitness and which offers a variety of professionally managed and performed spa services on a day use system.
- c) **Day Spa.** Available to those persons, companies or other business entities which operate a spa offering a variety of professionally managed and performed spa services to clients on a day use system.
- d) **Destination Spa.** Available to facilities with the primary goal of guiding and teaching their participants as to the benefits of a balanced spa lifestyle: Historically an extended stay, this transformative process can be accomplished by addresses the four pillars of traditional spa lifestyle such as regular exercise (physical fitness activities), healthy nutrition (providing healthy cuisine on-property), care of the face and body (with spa services) and psychological well being (wellness education and special interest programming).
- e) **Medical Spas and/or Wellness Centers.** Available to facilities operating under strict supervision of a licensed health care professional where services integrates spa services, as well as traditional, complimentary and/or alternative therapies and treatments. The facility operates within the scope of practice of its staff, which can include both Aesthetic/Cosmetic and Prevention/Wellness procedures and services.
- f) **Mineral Springs Spa.** Available to those persons, companies or other business entities which operate a spa offering an on-site source of natural mineral, thermal or sea water which is used in professionally managed and performed hydrotherapy treatments.
- g) **Resort/Hotel Spa.** Available to those persons, companies or other business entities that operate a spa within a resort or hotel providing professionally managed and performed spa services, fitness and wellness components and spa cuisine menu choices.

#### **Associate Members**

The Associate Members division is comprised of categories which shall be fixed from time to time by two-thirds (2/3) vote of the Board of Directors.

Currently, the Associate Members class is comprised of the following types:

- a) **Additional.** Additional membership is available to any person employed by a Primary Member in good standing.
- b) **Honorary.** Honorary membership may be conferred by the Board of Directors upon persons or organizations who in the opinion of the Board have rendered special service to AZSPA or who possess particular knowledge, experience or abilities which can be of benefit to AZSPA. Honorary members may be exempted from payment of membership dues upon approval of the Board of Directors.
- c) **Schools and Students.** School memberships are available to any persons, companies or other business entities whose sole purpose is to provide education for licensure and thus employment with in the spa industry, and Student membership is available to any person that is a validated student on a degreed track at a 2-4 year college or in a specialized technical school program of at least 6 months in length.

Associate Members shall not be entitled to vote on any matters coming before the meetings of AZSPA, nor shall they have any right or interest of any kind in the property or assets of AZSPA.



## The Arizona Spa Association

Any firm or corporation eligible for Associate Membership may make application for such membership by filing an application with the President of AZSPA accompanied by payment for the dues for the calendar year, and, upon satisfaction of the membership criteria shall become an Associate Member of the Corporation.

Complete the information below exactly as it should appear on the AZSPA website.

### Company

- 1st** Primary Member Contact Information
- 1st** Associate Member Contact Information

This information is published online under the AZSPA Membership Directory. AZSPA members will use it to contact you, your company and the individuals listed below. Please note the first and second primary members will be voting members of the association.

Name/Title (**1<sup>st</sup>** Primary/Associate Member):

\_\_\_\_\_

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

**Direct** Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Company E-mail Address: \_\_\_\_\_

**Direct** E-mail Address: \_\_\_\_\_

Web site Address: \_\_\_\_\_

- 2nd** Primary Member Contact Information\*
- 2nd** Associate Member Contact Information\*

(Add **one** additional member with voting privileges for \$150 USD)

Name/Title (**2<sup>nd</sup>** Primary/Associate Member):

\_\_\_\_\_

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

**Direct** Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Company E-mail Address: \_\_\_\_\_

**Direct** E-mail Address: \_\_\_\_\_

Web site Address: \_\_\_\_\_

**Additional (Associate) Member\*** (Add one additional member with non-voting privileges for \$150 USD)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Direct E-mail: \_\_\_\_\_

Please attach a separate page for additional members if necessary.

**\*All additional members will expire at the same time as the Primary Membership.**



## The Arizona Spa Association

### Payment Information

- My check is enclosed in USD funds made payable to Arizona Spa Association.
- I have included credit card payment information.

Charge to:	Amex	Visa	MasterCard	Discover
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Card Number: \_\_\_\_\_  
 Card Holder Name: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_

### Certification Statement

In consideration of AZSPA’s review of its application for membership, \_\_\_\_\_ (“Applicant”) and its officers, directors, employees and agents hereby agree:

- To waive completely any claim or right of action at law or in equity that they may have at any time against AZSPA, its Board of Directors, Officers, members, agents, and employees either as a group or as individuals, for any act in connection with the business of AZSPA and in particular its acts in admitting, granting or not granting membership; or in any act of censure or termination of membership for a violation of AZSPA’s policies, regulations, standards and/or practices.
- That upon request Applicant will provide such other information as may be necessary to support its membership classification, and if Applicant fails to do so, or if it is deemed inadequate, a reclassification of its membership or termination may be taken by AZSPA as it, in its sole discretion, determines.
- To be bound by all decisions, bylaws, policies, regulations, standards and practices of AZSPA as they are now or as they may be subsequently stated.

Upon notification by AZSPA of any failure to comply with any applicable bylaws, policies, regulations, standards and practices, to cure such deficiency or be subject to termination from any applicable membership category by AZSPA within its sole discretion.

***Applicant acknowledges that filling out this form does not guarantee or constitute membership or classification as a member.***

Applicant agrees to receive association information via e-mail, mail and fax.

Applicant verifies that it meets the membership criteria for the class of membership applied for and that it agrees to abide by the terms set forth above, as presently stated or hereinafter amended.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

### AZSPA Member Code of Ethics

As a Member of AZSPA, it is our mission to enhance and support the spa lifestyle through our endeavors to provide quality environments, spa services, products and education to our spa clients. Through our efforts as a whole, it is our goal to bring awareness, value and enjoyment of the spa experience to the consumer.

In order to fulfill our mission, we pledge the following:

- We will be guided in all activities by genuine respect, equality and integrity.
- To produce quality services, provide quality products and continually educate our customers about these and the spa lifestyle to better serve their needs.
- To deliver on our commitments.
- That we are an equal-opportunity employer.
- We will cooperate with our spa partner vendors toward the continual evolution of the spa industry.

67 S. Higley Road, Suite 103 – Gilbert, AZ 85296 – (480) 629-4482

[www.azspaassociation.com](http://www.azspaassociation.com)

[info@azspaassociation.com](mailto:info@azspaassociation.com)



## The Arizona Spa Association

- That we conduct our business in a manner that commands the respect of those we serve.
- Customer service begins within.
- Customer satisfaction will influence all our business dealings.
- To be loyal to the Association and agree to pursue and support its objectives.
- To stay relevant with the latest techniques, developments and knowledge pertinent to professional improvement.
- To help empower fellow members to reach personal and professional success and fulfillment.
- We will utilize every opportunity to enhance the public image of the spa industry.

\_\_\_\_\_ (“Member”) hereby agrees to abide by the AZSPA Member Code of Ethics. In the event that AZSPA becomes aware of any failure to adhere to the Code of Ethics, it shall notify the Member of such noncompliance. Should the Member fail to cure such deficiency, AZSPA, in its sole discretion, may terminate the Member from membership and/or any applicable category of membership. Nothing herein shall create any rights in the third parties or responsibilities of AZSPA with respect to the business operations of any AZSPA Member.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Let us know how you heard about AZSPA

We would like to know why you decided to become a member of AZSPA. Please check the box or boxes that apply. Use the space available to provide the name if applicable.

- AZSPA Website
- Received Information from the Association
- AZSPA Event \_\_\_\_\_
- Another AZSPA Member \_\_\_\_\_
- Other \_\_\_\_\_

### Complete Application

In order to avoid delays in the membership application process, fill out the application in its entirety. Please return this completed application to:

Arizona Spa Association  
 Membership Department  
 67 S. Higley Road, Suite 103  
 Gilbert, AZ 85296  
 480-629-4482  
[info@azspaassociation.com](mailto:info@azspaassociation.com)

Once we receive your application, we will send you an e-mail to verify we received it.

Approximately one week after your application is accepted, your information will appear on our website. Please be sure to review your contact, products & services information for accuracy.

Approximately 4-6 weeks after your application is received, you will receive your new member kit in the mail. This will include all of your member benefits information.

Note: Your personal information will only be available on the secured “members only” location on the website. You are not required to fill out any information you do not wish to share with other members. Only your own Spa Name, address and web address will appear on the “public” areas of the website.