



ARIZONA SPA ASSOCIATION

Vendor/Spa Partner Membership Application

Spa Partner membership is available to companies that provide professional services and/or products to the spa industry. A Spa Partner membership includes the company and one (1) primary member. A second primary member at the same property may be added to the membership for \$150. Any additional members after that can also be added without voting privileges for \$150 each.

If you have questions regarding the application please contact the AZSPA office at 1.480.629.4482 or info@azspaassociation.com.

Company / 1st Primary 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 (1st Primary 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 Members' Contact Information* (Add **one** additional member with voting privileges for \$150 USD)

Name/Title (2nd Primary 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: _____

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

Additional 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 auxiliary members if necessary.



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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: _____

Vendor/Spa Partner Member Code of Ethics

As a Spa Partner of AZSPA, it is our mission to enhance and support the spa lifestyle through our endeavors to provide quality products, services and education to those we serve. 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 products and services and continually educate our customers about our products and services to better serve the end consumer.



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- To deliver on our commitments.
- That we are an equal-opportunity employer.
- We will cooperate with our customers toward the continual evolution of the spa industry.
- That we conduct our business in a manner that commands the respect of those we serve.
- 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 Vendor/Spa Partner 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 Vendor/Spa Partner 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

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.