



**ASSOCIATED SWIMMING POOL INDUSTRIES OF FLORIDA  
MEMBERSHIP APPLICATION**

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

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

Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Web site: \_\_\_\_\_

Company Address: \_\_\_\_\_  
P.O. Box or Street City State Zip Code

Licensed Qualifier: \_\_\_\_\_  
Name Address

Occupational License, Number, Type & Location: \_\_\_\_\_

**\*\*Please submit a photocopy of existing licenses to expedite approval**

Date your company or corporation started in business: \_\_\_\_\_

State certification or registration number: \_\_\_\_\_

County certification or registration number: \_\_\_\_\_

Primary nature of applicant's business: \_\_\_\_\_

**\*\* All new builder and service applicants must submit a resumé on their business background**

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

Residence: \_\_\_\_\_  
Address City State Zip Code

Member(s) recommending applicant: \_\_\_\_\_

Dues in the amount of \$ 350.00 to accompany application. Please make check payable to the

**ASSOCIATED SWIMMING POOL INDUSTRIES OF FLORIDA**  
and mail to:

**ASPI Membership Chairman  
PO Box 630736  
Miami FL 33163-0736**

**We request that our members attend at least three meetings  
the first year. Please try to comply. We have many regular and  
special committees for which we hope you will volunteer.**

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*(do not write in following spaces)*

Board Action:  
Comments: \_\_\_\_\_

Attested to: \_\_\_\_\_ Date: \_\_\_\_\_