



Organizational Membership

Primary Contact (The person who will receive all correspondence from ISPA):

Name: _____ Position: _____

Organization Name: _____

Services offered by Organization: _____

Address: _____

City, State/Province, Zip/Postal Code, Country: _____

Phone: _____ Email: _____

Website(s): _____

Number of Employees in your organization (Please Circle One):

0-20 (\$175 USD)

21-50 (\$275 USD)

51-100 (\$400 USD)

101-200 (\$550 USD)

201-500 (\$725 USD)

501-1000 (\$925 USD)

1001+ (\$1150 USD)

Please Note, the number of employees is subject to verification.

Payment Information:

Amount Due (Found above, based on number of employees): _____

Credit Card Payment Information:

Credit Card Visa/Master Card/ AMEX: _____ - _____ - _____ - _____ Exp Date: _____

Check/Money Order: Make payable to "ISPA".

Dr John Mayer: President, Justin Mayer: Executive Director

Please send completed application and fee (if paying membership fee by check or money order) to the ISPA using one of the following methods:

Via Mail:

ISPA™ Headquarters; 25 East Washington Suite 1615, Chicago, IL 60602

Via Email:

Email your scanned application to: OrgMember@theISPA.org

Please note, you may complete the application online at www.theISPA.org

NOTICE: All information included within this document is strictly confidential and will not be provided to any third party persons or organizations. If an organization is found in violation of the ISPA principles of practice their membership may be terminated with no refund granted. All the information contained in this application is accurate to the best of the submitter's knowledge. If the application is found to contain information that is inaccurate, ISPA reserves the right not to grant an organization membership or terminate an existing membership.

Thank you!

