Provisional Application Form

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Telephone #1: _____ Telephone #2: _____

Fax: _____ Best Method and Time of Contact: _____

Employer: _____

Position: _____ Title: _____

Professional License Number (If applicable): _____ State: _____

Highest Degree: _____

Referral Code (*If applicable)*: _____

Education:

_____

_____

_____

_____

_____

_____

22 West Washington Street, Suite 1500, Chicago, IL 60602. Tel: 312-920-9522; Fax: 312-528-7673
The International Sports Professionals Association™ · www.theISPA.com

Professional specialization you would like listed on your Provisional Certificate: _____

List of Qualifications/ Professional Accomplishments:

_____

_____

_____

_____

_____

_____

Sports Specialization: _____

Sports Background/Experience:

_____

_____

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_____

Any additional information regarding your professional experience, work history or contribution(s) to the sports community that you wish to have taken into consideration during the approval process should be attached to this application.

ApplicantÎs Signature: _____ Date: _____

(By signing this Application, you are expressly authorizing the ISPA™ to verify the accuracy of the information provided above.)

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Thank you very much for submitting your application to become part of the International Sports Professionals Association (ISPA ™), the worldÎs largest and most respected Sports Professional credentialing organization.

Upon receiving this completed form and any additional attachments, the ISPA ™ will review your application and send out your Provisional Certificate.

One Year Provisional Membership Fee: $50.00

Credit Card Payment Information:

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

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

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

Via Mail:
ISPA™ Headquarters; 25 East Washington St. Suite 1615, Chicago, IL 60602

Via Fax:
Within USA: 312-528-7673; Outside of USA: 00+1+312+917-1010

Via Email:
Email your scanned application to: info@theISPA.org

NOTICE: All information included within this document is strictly confidential and will not be provided to any third party persons or organizations.

Thank you!

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