



Capital Valley IPSSA

Chapter Supporter Application & Agreement

Submission Instructions

1. Complete all applicable fields.
2. Save the completed form.
3. Email the saved PDF to: info@cvipssa.com
4. Send payment via check or Zelle

Company Information

Business Name:

Contact Person:

Title / Role:

Phone:

Email:

Business Address:

Website:

Business Credentials

Contractor License #:

License Type:

Expiration Date:

Insurance Provider:

Policy # & Expiration:

Services Offered (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Equipment Installation |
| <input type="checkbox"/> Suppliers | <input type="checkbox"/> Electrical / Plumbing |
| <input type="checkbox"/> Tile Cleaning | <input type="checkbox"/> Tile Repair / Plaster / Deck Work |
| <input type="checkbox"/> Tile Repair | <input type="checkbox"/> Leak Detection |
| <input type="checkbox"/> Repairs | |
| <input type="checkbox"/> Other: <input type="text"/> | |

Supporter Expectations & Commitments

- Submit the annual supporter fee of \$450 due January 31st each year (failure to pay by due date will result in removal of all benefits until payment is received).
- Perform all work in accordance with industry standards and applicable codes.
- Maintain proper licensing and liability insurance at all times.
- Only perform work explicitly referred by an IPSSA member.
- No solicitation of members' customers outside of referrals.
- Conduct business with honesty, integrity, and fairness.
- Provide quality service and competitive pricing to members.
- Support chapter activities when possible.
- Represent Capital Valley IPSSA professionally.
- Supporter status may be revoked for failure to meet expectations.

Agreement & Signature

Company Name:

Authorized Representative (print):

Signature:

Date:

**Please make checks payable to:
Capital Valley IPSSA
PO Box 1944
Orangevale, CA 95662**

OR

**Capital Valley
IPSSA**

info@cvipssa.com



Zelle