



Date: _____

IPSSA Member Info:

Company: _____

SCP/Superior Account #: _____

Contact Name: _____

Address: _____

Phone: _____

Email: _____

I, _____, verify that the abovementioned company has been an active member of IPSSA since _____.

Signature

Date

IPSSA Board Position Title

For reimbursement of your available funds per the program details, submit this form to:

- **Email:** MarketingServicesSupport@poolcorp.com
- **FAX:** 985-892-0667
- **Mail:** POOLCORP Marketing, 109 Northpark Blvd, Covington, LA 70433

