



# EMPLOYEE SERVICES MANAGEMENT ASSOCIATION OF GREATER PHOENIX COMMUNITY SERVICE MEMBERSHIP APPLICATION

Application is subject to approval by Board of Directors. Incomplete applications will not be considered. Be sure to complete the information as you want it to appear in the Membership Directory. **There is no annual fee for non-profit organizations; however, a new application form will be required each year to keep your membership active.**

Date: \_\_\_\_\_ Organization/ Business Name: \_\_\_\_\_  
Date business was established: \_\_\_\_\_ Website: \_\_\_\_\_  
Number of employees (members): \_\_\_\_\_  
www. \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Rep Name: _____
E-mail address: _____
Phone: _____
Cell: _____
FAX: _____

Alternate Rep Name: _____
E-mail address: _____
Phone: _____
Cell: _____
FAX: _____

Describe your Business or Organization and contribution to ESM Association's membership: \_\_\_\_\_

\_\_\_\_\_

What is your reason for wanting an ESM membership? \_\_\_\_\_

\_\_\_\_\_

I HAVE READ THE BY-LAWS/CODE OF ETHICS (available on [www.esmphx.org](http://www.esmphx.org)) AND WILL ABIDE BY THEM AS A MEMBER OF THE ESM ASSOCIATION OF GREATER PHOENIX

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Mail application to: **ESM Association of Greater Phoenix** Check out our website at [www.esmphx.org](http://www.esmphx.org) for more information  
**P.O. Box 42534**  
**Phoenix, AZ 85080** or Fax Application to: **602-467-3004**

Questions? Contact **ESM at 623-580-7743** and leave a detailed message or send an e-mail to: [admin@esmphx.org](mailto:admin@esmphx.org)

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