



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: Number of employees (members): Website: 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) 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 P.O. Box 42534 Phoenix, AZ 85080 or Fax Application to: 602-467-3004 Check out our website at www.esmphx.org for more information

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

Date Approved: