



Employee Services Management (ESM) Association Greater Phoenix Chapter 2009 Corporate Membership Form \$440

- Employee Stores
- Community Services
- Convenience Services
- Dependent Care
- Recreation Programs
- Recognition Programs
- Special Events
- Travel Services
- Voluntary Benefits
- Wellness

ESM Association Corporate Membership includes membership for a primary contact and up to five additional members from your company's location (within a 50-mile radius). Please list each member on this form. Examples of additional members at your company include: Staff, Supervisors, Employee Association Board Members, Employee Store Managers, Community Services Providers, Convenience Services Managers, Work/Life Managers, Dependent Care Supervisors, Human Resource Personnel, Recognition Managers, Special Event Coordinators, Discount Managers, Recreation Staff, or Wellness Directors.

- Payment Enclosed MasterCard Visa
 American Express Discover

Card Number _____
 Expiration Date _____
 Signature _____

ESM Association's Tax Identification Number is 36-2008309.

A portion of your ESM Association membership dues are allocated for a subscription to *Employee Services Management (ESM) Magazine*.

Please enclose check made payable to ESM Association or provide credit card information and mail with form to: ESM Association, 568 Spring Road, Suite D, Elmhurst, IL 60126-3896 or fax to 630-559-0025.

Please provide your company name and the Corporate Membership primary contact information:

Company _____
 Primary Contact _____
 Title _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 E-Mail _____

Please list members from your company included with Corporate Membership and their contact information (up to five):

1. Name _____	Phone _____
Title _____	Fax _____
Address _____	E-Mail _____
Phone _____	
Fax _____	
E-Mail _____	
2. Name _____	4. Name _____
Title _____	Title _____
Address _____	Address _____
Phone _____	Phone _____
Fax _____	Fax _____
E-Mail _____	E-Mail _____
3. Name _____	5. Name _____
Title _____	Title _____
Address _____	Address _____
Phone _____	Phone _____
Fax _____	Fax _____
E-Mail _____	E-Mail _____



ESM Association of Greater Phoenix
 PO Box 42534, Phoenix, AZ 85080

Corporate Organization Member Detail Sheet

Please complete the information below return to ESM Association of Greater Phoenix along with a copy of your Corporate Membership form. Send to PO Box 42534, Phoenix, AZ 85080; Fax to 602-467-3004 or email to admin@esmphx.org.

Company Name: _____

Address: _____

Number of Employees: _____

Group or Department responsible for ESM (HR, E Club, Benefits, PR, etc):

Is ESM part of your job responsibilities or are you a volunteer? _____

Do you have a Company/ESM Store? _____

Preferred method and best time for Associate Representatives to contact you.
 (Check all that apply)

	Early morning	Mid-morning	Mid-day	After 2 p.m.
Email				
Phone				
Meeting				
Other				

Types of advertising that can be used by the Associates when marketing their products at your facility: (Check all that apply)

Bulletin Board		Email	
Payroll Stuffers		Newsletter	
Posters		Flyers	
Intranet (Company website)		Other	



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Any other information needed for marketing ESM products/services to your employees: _____

Can you distribute discount coupons? (Yes, No, Electronic Only) _____

Can you sell on-site? _____

Company Solicitation Policy?			
Consignment Tickets?		Merchandise?	
Gift Certificates?			

On-site Vendor Displays? (if Yes, continue) _____

Would you consider having an individual vendor onsite to set up a display table and talk with employees? _____

Would you be interested in having multiple vendors on-site for a few hours to set up a tradeshow style product display (Employee Discount Fair or EDF) and talk to your employees? _____

Would you like to have the Associate Events Director work with you in planning EDFs? _____

Signature: _____

Date: _____