



# ESM Association Greater Phoenix 2 Corporate Membership Form Membership Fee - \$440

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
- American Express
- MasterCard
- Discover
- Visa

Card Number \_\_\_\_\_ CVV Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please make check payable to ESM Association of Greater Phoenix or provide credit card information and mail with form to P O Box 42534, Phoenix, AZ 85080 or fax to 602-467-3004.

**ESM Association's Tax Identification Number is 86-069457**

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 additional names):

1. Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

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3. Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

4. Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

5. Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_