

**20 \_\_\_\_\_ ORGANIZATIONAL MEMBERSHIP APPLICATION – ESM ASSOCIATION OF GREATER PHOENIX**

Be sure to complete the information as you want it to appear in the Membership Directory. Mail or **FAX** only the completed application and annual dues for a **Regular Membership (\$225)** to ESM Assn. Headquarters (fax & address shown below). Also, please FAX a copy of the application to **Organization Membership Director @ 602-467-3004**. **For Corporate memberships please use the Corporate Membership form.** *A portion of your ESM Association dues will be used for a subscription to Employee Services Management (ESM) Magazine.*

Date: _____ Company Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Primary Representative: _____ Title: _____ Phone: _____ Cell: _____ FAX: _____ Pager: _____ E-mail Address: _____	<p style="text-align: center;"><b>New Member</b></p> Number of Employees (Members): _____ Company Website: _____ Closest Major Intersection: _____ Alternate Representative: _____ Title: _____ Phone: _____ Cell: _____ FAX: _____ Pager: _____ E-mail Address: _____
Your employee program structure is: <input type="checkbox"/> Employee Club <input type="checkbox"/> Employee Store Your employee program position: <input type="checkbox"/> Volunteer (not my primary job function) Means of distributing information: <input type="checkbox"/> Bulletin Bd. <input type="checkbox"/> Payroll Stuffers <input type="checkbox"/> Posters Can you sell on site? <input type="checkbox"/> Consignment Tickets <input type="checkbox"/> Gift certificates Can you host a mini tradeshow? _____ Max number of Associates you will host a one time: _____ Can individual vendors set up a display and meet with your employees regarding their product/service? _____ Other pertinent information for promoting products/services to your employees? _____ What is your preferred manner and time for an Associate Member to contact you? _____	
What is your company's solicitation policy? _____ <input type="checkbox"/> Full-time (part of my primary job function) <input type="checkbox"/> Employee Store <input type="checkbox"/> Intranet Co. Website <input type="checkbox"/> E-mail <input type="checkbox"/> Newsletter <input type="checkbox"/> Flyers <input type="checkbox"/> Merchandise <input type="checkbox"/> Can't sell anything on site Can you distribute coupons? _____	
<p><b>I HAVE READ THE CHAPTER BY-LAWS/CODE OF ETHICS</b> (available on our website at <a href="http://www.esmphx.org">www.esmphx.org</a>) and I agree to abide by them as a member of the ESM Association of Greater Phoenix.</p> Signature: _____ Date: _____	
<input type="checkbox"/> Payment Enclosed (check only do not send cash)    Card Type <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AmEx	
Card Number: _____ Expiration Date: _____ Signature: _____	



Please enclose check made payable to "ESM Association" or provide credit card data and mail or **FAX** to:  
**Regular Membership \$225/yr.**  
**ESM Assn. Headquarters**  
 Ph 630-559-0020  
 Website: [www.esmassn.org](http://www.esmassn.org)

**ESM Assn. Headquarters**  
 568 Spring Rd. Suite D  
 Elmhurst, IL 60126-3896  
**FAX 630-559-0025**

**For Corporate Membership please use Corporate Form**  
**ESM Assn. Phoenix Organization Director**  
 Email: [org.mbrship@esmphx.org](mailto:org.mbrship@esmphx.org)  
 FAX: 602-467-3004

