

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 of Greater Phoenix (fax & address shown below).
For Corporate memberships please use the Corporate Membership form.

NEW MEMBER ONLY

Date: _____ Number of Employees _____

Company Name: _____ Company Website: _____

Address: _____ Closest Major Intersection: _____

City: _____ State: _____ Zip Code: _____

Primary Representative: _____ Title: _____

Phone: _____ Cell: _____

FAX: _____ Pager: _____

E-mail Address: _____

Alternate Representative: _____ Title: _____

Phone: _____ Cell: _____

FAX: _____ Pager: _____

E-mail Address: _____

Your employee program structure is: Employee Club Employee Store

Your employee program position: Volunteer (not my primary job function) Full-time (part of my primary job function)

Means of distributing information: Bulletin Bd. Payroll Stuffers Posters Employee Store Intranet Co. Website E-mail Newsletter Flyers

Can you sell on site? Consignment Tickets Gift certificates Merchandise Can't sell anything on site

Can you host a mini tradeshow? _____ Max number of Associates you will host a one time: _____ Can you distribute coupons? _____

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? _____

I HAVE READ THE CHAPTER BY-LAWS/CODE OF ETHICS (available on our website at www.esmphx.org) and I agree to abide by them as a member of ESM Association of Greater Phoenix.

Signature: _____ Date: _____ CVV Code: _____

Payment Enclosed (check only do not send cash) Card Type Discover MasterCard Visa AmEx # _____

Card Number: _____ Expiration Date: _____ Signature: _____

Please enclose check made payable to "ESM Association" or provide credit card data and mail or **FAX** to:



Membership Fee:
\$225/yr

ESM of Greater Phoenix
P O Box 42534
Phoenix, AZ 85080
FAX 602-467-3004

**For Corporate Membership
please use Corporate Form**



www.esmphx.org