**employee services management** ***esm* ASSOCIATION**

# Southern Arizona Chapter

**Membership Application 2023**

**Please print. Please print.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Application: | | | | | | |  |  | |  | |  | | | | | | | |
| Company Name | | | |  | | | | | | | | | | | | | | | |
| Mailing Address | | | |  | | | | | | | | | | | | | | | |
| City |  | | | | | | | | State | |  | | | | | | | Zip Code |  |
| URL (Web Address) | | | | |  | | | | | | | | | | | | | | |
| Delegate | | |  | | | | | | | | | | Title | |  | | | | |
| Phone | |  | | | | | | | | | | | | Cell # | | |  | | |
| Email | |  | | | | | | | | | | | | Fax | |  | | | |
| Alternate | | |  | | | | | | | | | | Title | |  | | | | |
| Phone | |  | | | | | | | | | | | | Cell # | | |  | | |
| Email | |  | | | | | | | | | | | | Fax | |  | | | |
| Type of Business | | | | | |  | | | | | | | | | | | | | |

**All applicants and applications are screened, voted on and approved by the ESM Board**

How do you advertise the ESM discounts to your employees? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Employees: Full-Time** | |  | **Part-Time** |  | | | **Volunteers** | |  | |
| **Does your company have an employee association/club?** | | | | | **Yes** |  | | **No** | |  |
| **If yes, name:** |  | | | | | | | | | |
| **Do you have a company store?** | | | | | **Yes** |  | | **No** | |  |
| **Do you have a newsletter?** | | | | | **Yes** |  | | **No** | |  |
| **Is your company a new/first time member?** | | | | | **Yes** |  | | **No** | |  |
| **Renewing member?** | | | | | **Yes** |  | | **No** | |  |

**Annual Membership Dues 2023 (circle one)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Associate Membership |  |  | X | $250,00 |
|  |  |  |  |  |
| Organizational Membership |  |  |  | $125.00 |
| Community Service (Limit of 2) |  |  |  | 0.00 |

\*Multiple memberships must be a fully paid member in another chapter. You must list the chapter your full membership is paid to:

## \*\*\*All Associate Members must complete the following:

List the discounts on services you plan to offer over and above your public discount ‑ 3 line limit**, must be specific**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Received:** |  | **Date Approved:** |  |

Make check payable/mail to: ESM Association of Southern Arizona, P.O. Box 18213,   
Tucson, AZ 85731 Revised 1/01/2023