

employee services management

**esm** ASSOCIATION

**Southern Arizona Chapter  
Membership Application 2026**

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 (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**

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Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_

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

Revised 1/27/2026