

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

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