



ASSOCIATION  
CENTRAL FLORIDA CHAPTER

# MEMBERSHIP APPLICATION / INVOICE 2012

- Employee Stores
- Community Services
- Convenience Services
- Dependent Care
- Recreation Programs
- Recognition Programs
- Special Events
- Travel Services
- Voluntary Benefits
- Wellness

### Check Appropriate Box for Type of Membership

- Associate Membership: \$125.00   
*(Member who has a product and/or service to sell)*
- Organizational Membership: \$125.00   
*(Member who wishes to buy product and/or services)*
- Student Membership: \$ 50.00

Credit Card Pay (PayPal) on [www.esmacfl.org](http://www.esmacfl.org)

Name of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

ESM Assoc. Rep : \_\_\_\_\_ Title: \_\_\_\_\_

Person Responsible for Discount Program: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

### How Does the Company Want to Receive Special Offers From Members?

- |                               |  |                   |
|-------------------------------|--|-------------------|
| 1. Flyers:                    | Yes <input type="radio"/> No <input type="radio"/> | How Many? _____   |
| 2. Posters:                   | Yes <input type="radio"/> No <input type="radio"/> | How Many? _____   |
| 3. Discount Coupon Cards:     | Yes <input type="radio"/> No <input type="radio"/> | How Many? _____   |
| 4. Payroll Stuffers:          | Yes <input type="radio"/> No <input type="radio"/> | How Many? _____   |
| 5. Letter:                    | Yes <input type="radio"/> No <input type="radio"/> | How Many? _____   |
| 6. Phone Call Before Sending: | Yes <input type="radio"/> No <input type="radio"/> | To Whom? _____    |
| 7. Company Store:             | Yes <input type="radio"/> No <input type="radio"/> |                   |
| 8. Vendor Fair Onsite:        | Yes <input type="radio"/> No <input type="radio"/> |                   |
| 9. Newsletter Write Up:       | Yes <input type="radio"/> No <input type="radio"/> | Member _____      |
| 10. E-mail                    | Yes <input type="radio"/> No <input type="radio"/> | Referral by _____ |
| 11. Other:                    | _____  |                   |

### Mail Application and Membership Fee to:

ESM Association of Central Florida, Inc.  
P. O. Box 593844  
Orlando, FL 32859-3844

Please also Fax a copy to 407-855-6884

Website: [www.esmacfl.org](http://www.esmacfl.org)

### For Information Please Call:

- Ralph R. Recht – President (407) 855-6161  
 Leslie Whitmer – Vice President (386) 226-6531  
 Carol Marchell – Treasurer (407) 468-9140  
 Paula Pease – IT (321) 354-3524  
 Grace “Sandy” Godbout - Secretary (407) 836-5658  
 Carolyn Powers – Associate Rep. (407) 589-2412  
 Tammy Moy – Programs (407) 619-3301