



MEMBERSHIP APPLICATION 2010

Organizational Membership: \$185.00*
(Member who uses a product or service) *(Mail to Elmhurst, IL address below)*

* A portion of your ESM Association membership dues will be allocated for a subscription to Employee Services Management (ESM) Magazine

Name of Organization/Business: _____

Street Address: _____

City, State, Zip: _____

ESM Assoc. Representative: _____ 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 Association 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 the Invoice and Membership Fee to:
 ESM Association Headquarters
 568 Spring Road, Ste. D
 Elmhurst, IL 60126-3896
 Also FAX to 407-855-6161
 Website: www.esmacfl.org

For Information Please Call:
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