



## INVOICE/MEMBERSHIP APPLICATION 2012

### Check Appropriate Box for Membership

|  |          |                       |
|--|----------|-----------------------|
| Associate Membership<br><i>(Member who has a product or service to sell)</i> | \$125.00 | <input type="radio"/> |
| Organizational Membership:   | \$125.00 | <input type="radio"/> |
| Student / Retired Membership:  | \$ 50.00 | <input type="radio"/> |

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

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

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

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

ESM 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"/> | <b>ESM Member</b>         |
| 10. E-mail                    | Yes <input type="radio"/> No <input type="radio"/> | <b>Referral by:</b> _____ |
| 11. Other:                    | _____  |                           |

### Method of Payment:

\_\_\_\_\_ Check/Money Order

\_\_\_\_\_ Credit Card through PayPal at [www.esmacfl.org](http://www.esmacfl.org) (Click on Ticket Discounts, enter password, then click on icon for attraction tickets, and membership is the first shopping cart item. New members may contact any officer below for password.)

### Mail Application and Membership Fee to:

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

Please send copy via Fax to 407-855-6884 or scan and email to [RalphR@dmctools.com](mailto:RalphR@dmctools.com)

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

Revised 10/2010

### For Information Please Call any of the Officers:

Ralph R. Recht – President (407) 855-6161  
Leslie Whitmer – Vice President (386) 226-6531  
Paula Pease – Secretary (321) 354-3524  
Carol Marchell – Treasurer (407) 654-5693  
Betty Homan – Associate Rep. (407) 513-7225